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ARTICLE I.

ILLUSTRATIONS

OF INSANITY BY DISTINGUISHED ENGLISH WRITERS:

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Next to Shakespeare, no English writer has been so successful in making insanity conducive to the exhibition of character under strong and impressive aspects, as Sir Walter Scott. This, indeed, might have been expected, from the fact that no other has partaken so largely of some of the distinguishing attributes of Shakespeare's genius,—his faithful and profound observation—his skillful appropriation of its results—and, above all, his hearty appreciation of every striking or extraordinary form of mental manifestations. The same breathing, speaking lineaments, the same life-like touches that impart an inexpressible charm to his characters, are no less obvious in those whom he has represented as victims of mental disorder. We scarcely need to criticise their fidelity;

we are assured of it by intuitive evidence. Any one who doubts it, would be ready to pass his hands over the face of a living man to satisfy himself that it was real flesh, and not an imitation in wax.

His best representation of madness, is unquestionably Madge Wildfire, in the *Heart of Mid Lothian*. She is an admirable illustration of a form of chronic insanity in which the mental manifestations are distinguished less by delusions and gross incoherence, than by a certain irregularity and unsteadiness not easily described. The general condition is aptly characterised by the remark applied to Madge, that her "mind, like a raft upon a lake, was agitated and driven about at random by each fresh impulse." For a moment or two she pursues a strain of reflections with tolerable coherence, when some fanciful or grotesque idea seizes her attention, and diverts her thoughts into some new channel. With a single exception, she exhibits no delusions, but that which she does entertain, seems scarcely necessary to confirm our convictions of her insanity. And yet the mental disorder so obvious, even without the addition of delusion, we should find it not easy, in an actual case, to establish or prove satisfactorily by the most careful description. Were we asked on the witness-stand in a court of justice, our reason for believing Madge Wildfire insane, we should have to rely solely on her fancy that she was once dead, and danced on the green sward by moonlight with other dead folks. Proof drawn from the general style of her conduct and conversation, would fall on unwilling ears, as something too fanciful or theoretical to deserve serious consideration. It certainly would have gone hard with Madge, had she been on trial for some capital crime, and this delusion of hers been overlooked, for it could have been easily shown, that she could distinguish between right and wrong; that she knew the wicked would be punished hereafter for their deeds; that she could lay plans,

and select proper means for accomplishing her ends,—all which would have been considered as clearly incompatible with the kind of insanity which annuls criminal responsibility. True, a whole century has elapsed since that time, and left us the benefit of its light, but I am not quite sure that her case would be more favorably regarded, even in our own times. The great novelist studied insanity in the school of nature; the courts in that of precedent and prescription. Do we want farther evidence than the present case furnishes, of the immeasurable superiority of the former, as a source of correct and philosophical views?

The distinction between the form of disease represented in this character and all others, is admirably preserved. Its drifting thoughts are never exchanged for the sudden and violent transitions of acute mania, nor the solemn and persistent absurdities of pure monomania. It is also individualised by some of those exquisite touches of nature which would seem to have been beyond the reach of any but the strictly professional observer.

What can be better than Madge's reply to Jennie Deans when she said she was never in Bedlam. "Weel, I think thae daft carles the magistrates send naeboddy to Bedlam but me—they maun hae an unco respect for me, for whenever I am brought to them, they aye hae us back to Bedlam. But troth, Jeanie, (she said this in a very confidential tone,) to tell ye my private mind about it, I think ye are at nae great loss; for the keeper's a cross patch, and he maun hae it a' his ain gate, to be sure, or he makes the place waur than hell. I often tell him, he's the daftest in a' the house."

Something suggests a comparison between her own condition and circumstances and those of Bunyan's Pilgrims, and the fondness with which she recurs to this idea, and her ingenuity in managing the comparison, constitute a very life-like trait in this portrait of insanity. Her ex-

hibition in the parish-church, illustrates the ways and manners of the class of insane to which she belonged, better than a volume of description. We can not forbear to extract a passage from this exquisite scene.

"She swam rather than walked up the centre aisle, dragging Jeanie after her, whom she held fast by the hand. She would, indeed, have fain slipped aside into the pew nearest the door, and left Madge to ascend in her own manner, and alone, to the high places of the synagogue; but this was impossible without a degree of violent resistance, which seemed to her inconsistent with the time and place, and she was accordingly led in captivity up the whole length of the church, by her grotesque conductress, who, with half shut eyes, a prim smile upon her lips, and a mincing motion with her hands, which corresponded with the delicate and affected pace at which she was pleased to move, seemed to take the general stare of the congregation, which such an exhibition necessarily excited, as a high compliment, and which she returned by nods and half curtsies to individuals amongst the audience, whom she seemed to distinguish as acquaintances. Her absurdity was enhanced in the eyes of the spectators, by the strange contrast which she formed to her companion, who, with dishevelled hair, downcast eyes, and a face glowing with shame, was dragged, as it were, in triumph after her.

"Madge's airs were at length fortunately cut short by her encountering in her progress the looks of the clergyman, who fixed upon her a glance at once steady, compassionate, and admonitory. She hastily opened an empty pew which happened to be near her, and entered, dragging in Jeanie after her. Kicking Jeanie on the shins, by way of hint that she should follow her example, she sunk her head upon her hand for the space of a minute. Jeanie, to whom this posture of mental devotion was entirely new, did not attempt to do the like, but looked around her with

a bewildered stare, which her neighbors, judging from the company in which they saw her, very naturally ascribed to insanity. Every person in their immediate vicinity drew back from this extraordinary couple as far as the limits of their pew permitted, but one old man could not get beyond Madge's reach, ere she had snatched the prayer-book from his hand, and ascertained the lesson of the day. She then turned up the ritual, and, with the most overstrained enthusiasm of gesture and manner, showed Jeanie the passages as they were read in the service, making at the same time, her own responses so loud as to be heard above those of every other person."

Few of Scott's young ladies inspire a deeper interest than Clara Mowbray in *St. Ronan's well*, and for no other reason that I can see, but that the blight of insanity has fallen upon her joyous spirit, and insulated it in the very midst of the allurements and promises of life. She does not, however, so much illustrate any particular form of insanity, as that peculiar condition of the mind which is generally the precursor, and sometimes the follower, of a decided attack of the disease. To its former relation with insanity, I have already adverted,* and the latter is also full of interest to the poet and the psychologist. It may be well to premise, however, that I do not suppose that in the mental impairment of Clara Mowbray, Scott expressly designed to represent that particular condition that precedes or follows an attack of insanity. It was enough for him to represent what has come within the range of observation. Its exact relation to decided, unquestionable insanity, he probably regarded as a subject belonging to the scientific inquirer.

It is a well confirmed fact that in a certain proportion of those who recover from an attack of insanity, the mind never regains its exactly normal condition. Although the

* *Journal of Insanity*, Vol. III. p. 293.

person's thoughts may be apparently, and perhaps, really correct, and his duties performed with the utmost propriety, yet there is an oddity in his ways, a singularity in his dress and demeanor, a brusqueness of manner, and a general want of harmony between the manifestations of his character and conduct, that attract the attention of the bystander and excite his especial wonder. The morbid influence is witnessed only occasionally, and is confined to points of secondary consequence—the “minor morals” and the minor manners of the individual. The shadows of disease flit across his mental horizon, like clouds in a summer sky, before the face of the sun, merely subduing while they pass, the brightness of its light. We are no sooner aware of their presence than they have vanished, and the glorious luminary shines out again in its undimmed splendor. Such persons are more or less aware of their infirmity, and are able, to a certain extent, especially in the presence of others, to exercise their self-control, and restrain the manifestations of disease. It is when alone and unobserved—when forming or executing their plans—or even when quietly following their ordinary routine of duty, that they betray, unconsciously to themselves, the infirmity by which they are mastered. To those who have frequent intercourse with them, their mental impairment is perfectly obvious, but they would find it difficult, merely by a description of their conduct and conversation, to convince others of the fact, who have not had the same means of acquaintance. It is one of those things that can not be described—it must be seen in order to be adequately conceived and understood.

This condition of mind is admirably represented in Clara Mowbray. From others we learn that she has “a bee in her bonnet,” and we find indeed that her insanity is a matter of common remark, but we hear nothing of it from her own lips. To the casual observer she appears merely to be a free-spoken young lady, rather regardless of those

conventional forms by which the intercourse of society is maintained, but whose discourse sparkles with wit, and lacks neither vigor nor point. At the most he observes only an unfeminine independence, or a dash of eccentricity quite compatible with the soundest condition of mind. If then she says nothing "sounding to folly," and behaves, in our presence at least, like many young ladies whose manners have been somewhat neglected, we may be asked where we find the evidence that she is otherwise than perfectly sane. We find it in her distaste of society and impatience of its forms, and especially in those occasional freaks which are at variance with every principle of prudence and common sense. We find it in her appearance before a brilliant company in her riding-dress; in thoughtlessly giving away the costly present of her brother; in the variety of feminine labors, begun but never finished, that lie scattered about her boudoir. Some of the traits which she exhibits also, are not natural to her character, but proceed from a physical condition that is intimately connected with insanity. The inward grief that consumes her heart, produces a kind of nervous erethism which occasionally breaks out into extravagant spirits and an unnatural buoyancy of the feelings, which, though sometimes assumed for one purpose or another, are the involuntary reaction of the prevalent and habitual condition. In such a state of mind it scarcely needed so severe a blow as the disclosure of her brother's designs, to dissolve the feeble bond that holds her shattered intellect together.

Norna of the Fitful Head, in the *Pirate*, "is meant," says the author, "to be an instance of that singular kind of insanity, during which the patient, while he or she retains much subtlety and address for the power of imposing upon others, is still more ingenious in endeavoring to impose upon themselves." It is a less common form of the disease than general mania, but its pathological char-

acters are equally constant and well defined. Although apparently a simpler disorder than the latter, because fewer of the mental powers are involved in the morbid action, yet I am not sure that it has been more successfully represented by literary writers. The phenomena that first meet the attention are so strange and extraordinary, that others less striking, are apt to be overlooked altogether. The mind is so steady to its favorite fancies, and so consistent and coherent in maintaining them, that less opportunity is afforded for the display of the writer's skill, than in those forms of derangement where the bonds of association are more delicate and obscure, and the thoughts have a more motley and impulsive character. The task of the simulator, however, who chooses it for the purpose of deception, is far from being lighter. He may easily profess the extraordinary notions of the monomaniac, and even avoid, with some ingenuity, the absurdities to which they lead, but there are numberless other traits which all his skill would utterly fail to represent. What sane mind can fully imitate the monomaniac's style of reasoning which, while it has some show of logic, would never have been offered, even in jest, by a rational understanding? What power of mimicry can represent his transparent sincerity, his unfaltering confidence, the prevailing tendency of his unsuggested and spontaneous reflections to the morbid point, his abstracted air, his constrained and fitful movements? The most accomplished actor, after years of observation, would fail, I think, to imitate these traits well enough to deceive the practised observer of the insane. The writer has an easier task, and consequently has been more successful. He deals only with mental manifestations. The air, the manner, the gesture, the look, the act, though equally bearing the impress of insanity, do not come within his province. Considered in this light, Norna must ever be regarded as a most impressive and life-like delineation of monomania.

The lofty bearing, the magnificent pretensions, the grandiloquent announcement of her supernatural powers, and the constant yet unconscious endeavor to deceive others, as she had already deceived herself, are represented with unimprovable fidelity. Norma's insanity, however, is evidently but a secondary feature in her character, and subordinate to the higher part she plays in the course of events in which she is destined to mingle. The idea is, not so much to represent this part as the result of insanity, as to make the latter a sufficient reason for what would have been inexplicable and impossible without it. The force and pertinancy of her discourse are not indeed incompatible with very serious lesion of the understanding, but other traits and qualities are attributed to her character, only at the expense of its pathological correctness. She keeps a vigilant eye on what is passing around her, displays a mother's affection for her son, and a very natural interest in the honor and happiness of her kindred. This was necessary to the developement of the plot, but not very strictly in accordance with the nature of the disease. The monomaniac retains but little interest in anything but his own delusions, and family and friends are generally regarded with indifference, if not positive dislike. I will not say that no exception can be found to this rule, but Scott would scarcely be helped by the admission that the type of one of his prominent characters is to be found in an extreme case, a solitary instance, rather than a large class of mankind. It is understood to be the peculiar merit of Scott as well as Shakespeare, that the men and women in whom he enlists our interests, are no questionable existences, whose mortal affinities are hard to be discerned, but bear upon their front the unmistakable features of humanity. And with the single exception before us, neither has suffered insanity to affect the general principle upon which they labored in their conceptions of character.

By no English writer have the delusions of pure monomania been more truthfully represented than by Dr. Johnson in *Rasselas*,—an achievement we should hardly have expected from one whose own mental movements were of the most regular and measured character. An old astronomer had been so long and deeply engrossed in the observation of the heavens, that he finally imbibed the idea that he could control their motions and regulate the distribution of their blessings. In homely phrase, he imagined that he was “clerk of the weather.” Who that has mingled much with the insane, has not witnessed the counterpart of the child-like naivete and unquestioning self-confidence with which he relates his wonderful powers, and which is admirably set off by the grandiloquent language of Johnson?

“I have possessed for five years the regulation of the weather, and the distribution of the seasons: the sun has listened to my dictates, and passed from tropic to tropic by my direction; the clouds at my call have poured their waters, and the Nile has overflowed at my command: I have restrained the rage of the dog-star, and mitigated the fervours of the crab. The winds alone of all the elemental powers, have hitherto refused my authority, and multitudes have perished by equinoctial tempests which I found myself unable to prohibit or restrain. I have administered this great office with exact justice, and made to the different nations of the earth an impartial dividend of rain and sunshine. What must have been the misery of half the globe, if I had limited the clouds to particular regions, or confined the sun to either side of the equator?”

His account of the manner in which he obtained and became conscious of his powers, presents an excellent

illustration of the characteristic mistake which the insane very often commit on this point. "About ten years ago, my daily observations of the changes of the sky led me to consider, whether, if I had the power of the seasons, I could confer greater plenty upon the inhabitants of the earth. This contemplation fastened on my mind, and I sat days and nights in imaginary dominion, pouring upon this country and that the showers of fertility, and seconding every fall of rain with a due proportion of sunshine. I had yet only the will to do good, and did not imagine that I should ever have the power. One day as I was looking on the fields withering with heat, I felt in my mind a sudden wish that I could send rain on the southern mountains and raise the Nile to an inundation. In the hurry of my imagination I commanded rain to fall, and by comparing the time of my command with that of the inundation, I found that the clouds had listened to my lips."

The immediate execution of his command, he represents, to be the sole ground of his faith, and is quite unconscious that the thought in question was but a result of the morbid action that had long been established in his mind. Judging merely from his own account one might be led to suppose that his mind was as firm and steady as ever, and that the fact of the necessary connection of the two events was forced upon him by irresistible evidence. His friends would probably have told us a different story, and made us acquainted with strange deviations from his natural demeanor or style of thinking, long before his delusion had taken a definite shape. An insane person can never trace very clearly the initiatory steps by which he has been brought into trouble, or led to some extraordinary conclusion; and the ability is not always gained after recovery. In seeking for the causes of the remarkable

change that has come over him, he invariably fixes upon some person or incident which had but a trivial or accidental connection with it, or appeared at a subsequent date. As in the present case, the execution of the command is regarded as the first noticeable fact in the history of his case, while the idea of uttering such a strange command scarcely arrests his attention. It may be well to add that this coincidence between the thought and subsequent event, frequently appears in the narratives of persons relating to the origin of their disorder, and probably arises from that misplacement in the succession of their ideas, which is not an uncommon phenomenon of insanity.

The accuracy of Johnson's picture of monomania is farther displayed by the astronomer's account of the mental conflicts he endured, and of the final triumph of his delusion. When asked if some other cause might not have produced the concurrence, he replied that such objections did not escape him. "I reasoned long against my own conviction, and labored against truth with the utmost obstinacy. I sometimes suspected myself of madness, and should not have dared to impart this secret but to a man like you, capable of distinguishing the wonderful from the impossible, and the incredible from the false." He presently adds; "I can not prove it by any external evidence; and I know too well the laws of demonstration to think that my conviction ought to influence another, who can not, like me, be conscious of its force; I therefore shall not attempt to gain credit by disputation. It is sufficient that I feel this power, that I have long possessed, and every day exerted it." A more faithful and graphic description than this, of what is called the incubation of insanity, could not be had. The strange fancies that ever and anon intrude themselves into the mind, the gradually weakened struggle by which they are re-

sisted, the suspicion of one's own madness, the ultimate connection of the reality of the marvellous belief, the unfaltering self-complacency with which the patient proclaims his own mental integrity and vigor,—how common, how life-like are these traits!

Richardson, in *Sir Charles Grandison*, has tried his hand upon a case of acute mania characterised by depression. The lady Clementina whom he has endowed with every possible feminine virtue, rather suddenly falls into fits of absence and revery, in which the subject of her thoughts seems to assume an objective existence. With unnatural precipitation the mental malady increases in severity—the depression frequently alternating with a state of restlessness and excitement, though never rising to the pitch of fury or raving. The cause of the trouble, as we subsequently ascertain, is an affair of the heart, though after making every allowance, this seems to be rather a forced conclusion. Before the course of her affections had been thwarted—before a single objection could have been reasonably anticipated—before, probably, such a woman could be supposed to be conscious of the existence of the tender passion, she ingeniously reasons herself into the belief of insuperable difficulties, and the peace and joy of her pure and innocent soul, give place to sorrow and bewildering reveries. To such a soul, no sentiment can be more congenial, and consequently, none more healthy, than love. To represent it, therefore, under such circumstances, as nearly allied to madness, betrays an inability to appreciate one of the most beautiful harmonies between our moral and physical nature, or at least, the willingness to sacrifice it to the paramount object of drawing forth the tears of sentimental young ladies and gentlemen. Indeed, Rich-

ardson's task was hardly within his vein. The lighter movements of the heart, especially as they are revealed through the conventional guises of society, have never been more faithfully portrayed than by him; but the deep currents of passion, the central springs of character in which are the issues of moral life, seem to have been entirely beyond his reach.

As a picture of mental disorder considered without reference to its origin, the merit of *Clementina* is somewhat various. Occasionally, the hand of the master is plainly visible, especially in representing the drifting character of the thoughts, and in managing the transitions from depression to excitement. In these respects, I am inclined to regard some scenes as perfect. How genuine and life-like are her whole appearance and manner when found by her maid about to visit the Chevalier, in order, as she said, to deliver him a message from God. They impress us like some of those marvellous pictures whose figures seem to stand out from the canvass, and imbibe the Promethean fire, while we gaze upon their expanding features. Richardson seems, however, to have exhausted his resources before he had finished his task, which, considering the interminable length to which every thing he handles is spun out, is not surprising.—Through some whole scenes her discourse is unexceptionably sensible and appropriate, and we lose sight altogether of her insanity. Of course, in the conversation of the insane, we expect to find "matter and impertinency mixed;" but in the present case, the mixture is often almost entirely composed of the former element. In shunning the common error of representing the discourse of the insane as a jargon of words unconnected by a single tie of congruity or coherence, he has committed the opposite one of freeing it from every trace of insanity, and filling it

with pertinent and judicious reflections. To avoid these two extremes of error, has always been found, I imagine, the most difficult part of the task of writers who undertake to delineate insanity. We have previously remarked, that in a large proportion of cases, the mental disorder is indicated in the patient's discourse, not so much by wild and extravagant expressions, as by the peculiar and not easily described succession and grouping of the ideas. Richardson seems not to have been aware of this fact. The lady talks altogether too much and too sensibly of her lover, for one in her distracted condition. If there is any subject in the world on which the insane manifest their insanity, provided they talk about it at all, which they very seldom do, it is usually that which is intimately connected with the origin of their disorder. However sober and correct their conversation may be on indifferent matters, on that they are sure to wander.

The prominent fault however, of this attempt of Richardson to delineate insanity, is, that the disease contributes no additional interest to the character. It brings out no new trait, and magnifies none with which we were previously acquainted. The patience, resignation, and sweetness of temper which it leads her to exhibit are not the exclusive offspring of insanity, and might as well have been exemplified by any other disease. We are grieved for her distressed family, and especially for the gentle sufferer herself, but we are not sure that our feelings are anywise different from what they would be were she laboring under an attack of pneumonia or gastritis. We see only affliction, disappointment and sorrow, and we feel accordingly. We are made acquainted with no new phases of character, and our deepest interest and warmest sympathies are not enlisted by the sight of moral or

intellectual treasures which only the storms of mental disease can upheave from the depths of their concealment. In short, she is the same Signora Clementina that we knew when sane, and in the enjoyment of every blessing, and we can not disguise the fact that we are heartily rejoiced when she fairly gets through the disorder with which the author, in his wisdom, has seen fit to visit her.

Richardson has one merit however, in his delineation of insanity, that ought to atone for a multitude of defects. At a time when the insane were treated with harshness and even barbarity, for the purpose of subduing their wills, he set himself decidedly against the popular practice, and contended for the opposite kind of treatment. He fairly exhibited the results of the two different methods, and in a manner more convincing than the most formidable array of statistics could have made it, demonstrated the superiority of that mild and indulgent management which is now firmly established among all civilised nations. Indeed with some propriety, he may be regarded as the pioneer of that blessed reform which, shortly after, was quietly introduced and almost perfected by the Quakers at the York Retreat. Merit of this kind is seldom duly appreciated by the world, for it does not strike the imagination like that of brilliant discoveries in the physical sciences; and the very reason that reforms like that in question are so obviously sanctioned and confirmed by common sense and the feelings of common humanity, is apt to detract from the merit of those who conceive them.

ARTICLE II.

PUERPERAL INSANITY:

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Puerperal insanity is one of several remarkable diseases to which child-bearing women are subject. In strict signification this term would include only those instances of mental derangement which occur within a few days or weeks after delivery; but as the cases generally adduced by writers, originated during the three periods of pregnancy, parturition with its consecutive state and lactation, I propose to treat of the malady connectedly as it occurs under these several conditions. These three physiological stages are intimately connected together, forming parts of one whole and being but links of the same chain; considerations which give additional propriety to an investigation of the subject in the manner proposed.

After conception, a singular revolution takes place in the female system; the periodical excretion of blood ceases; so much of the vital fluid as is not required in the economy of the mother, goes to the embryo; disturbance in the general circulation not unfrequently follows; the hitherto functionless mammae make their first advance in the performance of their peculiar office—the stomach manifests a singularly inverted action; but perhaps the most remarkable change occurs in the functions of the nervous system. How various are the morbid sympathies; what function or what system is not at times affected; but above all, what a moral revolution is begun; what hopes and what

fears; what likes and dislikes; what whims and what sickness are now observed. During pregnancy, women without being considered insane, are often in that state of mind which precedes if it do not in fact constitute the first stage of mental derangement.

As puerperal insanity is not an uncommon disease, and as pregnant women are remarkable for mental peculiarities akin to derangement, I will, before proceeding with the former, illustrate the latter by quotations from some of the leading authors on Midwifery and the diseases of women. "The effects of pregnancy on the tempers of some women are very remarkable; they become irritable, uneasy and restless; and these symptoms on some occasions increase as the pregnancy advances, until they become very distressing and alarming."*

"The irritation of the nervous system is in some most obviously perceived in the change induced in the moral temperament rendering the individual depressed and despondent, or perhaps she who was naturally placid and sweet tempered, becomes peevish, irritable and capricious."† The reverse of this is sometimes produced, "and a decided amelioration takes place in the temper as we sometimes also see happen in the exercise of the bodily functions during pregnancy."‡

"Some suffer most from this irritability, depriving them of sleep night after night—and yet it is singular how little they appear to suffer from this loss of rest."§ The despondency which pregnant women suffer may often arise from the effects on their minds of the accidents, sufferings and fatal diseases to which parturient women are liable. But there is every reason to believe that in the majority of instances this despondency is connected with the peculiar state of the nervous system during utero-gestation. "I suppose many have noticed a curious fact connected

* Bard's Midwifery.

† Montgomery on Pregnancy.

‡ Montgomery on Pregnancy.

§ Montgomery on Pregnancy.

with the state of mind in pregnant women when their bodily health is at the same time good, namely—that however depressed or dispirited with gloomy forebodings they may have felt in the early part of their pregnancy, they in general gradually resume their natural cheerfulness as gestation advances, and a short time before labour actually commences, often feel their spirits rise and their bodily activity increase to a degree that they had not enjoyed for months before. Occasionally, however, the depression assumes a more serious aspect, and the woman is constantly under the influence of a settled and gloomy anticipation of evil; sometimes accompanied with that sort of apathetic indifference which makes her careless of every object that ought naturally to awaken an interest in her feelings. Sometimes this state appears to depend on some peculiar condition of the brain, the nature of which we probably can not appreciate.”*

“Reasoning by analogy, we would be led to expect as probable what experience confirms as certain, that occasionally the cerebral disturbance during pregnancy which in most instances only shows itself in unevenness of spirits or irritability of manner or temper, amounts in some to absolute disorder in the intellectual faculties, especially in habits naturally very excitable, or where there is an hereditary predisposition.”† Sometimes women who have been in this irritable state of temper during pregnancy, become maniacal soon after delivery.

“If we consider the frequent changes or disturbances occurring in the balance of the circulation from the varying and quickly succeeding processes which are carried on in the system during and soon after the periods of pregnancy and child-birth, we shall be at no loss to discover circumstances under which a susceptible constitu-

* Montgomery on Pregnancy.

† Montgomery on Pregnancy, p. 14.

tion is likely to suffer. The conversions or successive changes in the temporary local determinations of blood which the constitution under such circumstances sustains and requires, appear sufficiently to account for the morbid susceptibility of the brain."*

Women are peculiarly liable to nervous, hysterical and convulsive diseases during the parturient state. "With respect to Hysteria, although in its ordinary or slighter forms not perhaps properly deserving the name of mental disturbance, its more aggravated conditions are so closely allied thereto that it would be extremely difficult to draw the line of distinction."† "Cases of this kind, says Dr. Conolly, approach near to insanity; and indeed a mind subject to the violent agitations incidental to the hysterical constitution, can not be considered as perfectly sane;"‡ a state of mind Sydenham has given so admirable and graphic a description, in which he says the patients "observe no mean in anything and are constant only in inconstancy"—"so unsettled is their mind that they are never at rest." "This fact, however, is corroborated by the best authorities, that when an aggravated form of hysteria prevails during pregnancy, puerperal insanity is to be apprehended."

Headache, vertigo, sense of weight over the eyes, ringing in the ears, indistinct vision with flashes of fire, tetanic convulsions, coma, hysterical convulsions and apoplexy, all proclaim how deeply the nervous centres sympathise with and suffer in pregnancy.

The longings and unnatural desires for food, &c., are connected with the peculiar state of the nervous system during utero-gestation. One of the most remarkable effects on record of physical influence not only on the mother, but on the fœtus in utero, is the fact asserted by late observers "that the number of cretins in the valois

* Richard's Treatise on Insanity. p. 312. † Montgomery's Pregnancy, p. 16.

‡ Cyclopædia Pract. Med., Vol., 2, p. 563.

is much diminished since the women have adopted the custom of passing the time of their pregnancy in elevated situations of the country where they are not exposed to the damps which prevail in the depths of the valleys."*

If during the pregnancy of a woman predisposed to insanity, some moral cause should occur, the tendency to the disease will be increased.

The following case illustrates alike the impressibility of the mind, the modified state of the nervous system, and the developement of insanity during the pregnant state. "A lady, who, after passing several years of her life in straitened circumstances, married when no longer very young, and was thereby placed in a condition of comparative affluence which, unfortunately for herself, enabled her to dispense with any further exertion, and to indulge a natural inclination to indolence and sedentary habits. She soon became pregnant and spent the whole day lying on a sofa at the fireside or with her feet on the fender reading novels, eating and drinking heartily and having a discharge from the bowels perhaps once or twice in the week. Among the books which she thus daily devoured, was one containing a highly wrought description of one of the *maisons de Santé* in France and of its inmates. This affected her strongly and took great hold on her mind. She expressed the greatest desire to visit one of the large lunatic asylums in her neighborhood, that she might assure herself of the reality of such things as she had been reading of. In this wish she was indulged, as in every thing else, whether right or wrong, to which she took a fancy, and the consequence was that the appearance of the persons she had seen and their extravagant expressions and gesticulations continued to haunt her imagination incessantly, up to the time of her deliv-

* Montgomery on Pregnancy.

ery; on the third day after which she showed symptoms of insanity, which became rapidly confirmed and continued for many months. During her illness and after her recovery, she repeatedly said that from the time of reading the book and visiting the asylum, she felt as if she would certainly become deranged."^{*}

The following case also occurred during pregnancy:

Mrs. W., the only child of wealthy and indulgent parents, residing in a country town, of a mild disposition and amiable character, evinced while at boarding school in the city, many eccentricities. She married early and when only twenty years of age, at about the fifth or sixth month of her *second* pregnancy, manifested for the first time, symptoms of mental disorder. These consisted in constant self-condemnation for fancied negligence, entire listlessness and a disposition to stand still for a great length of time. The pains of labour she did not regard, and she brought forth at the full time, a very large healthy child. An aggravation of her mental malady now took place, and I was called to see her in consultation with her attending physician, two or three days after her confinement. We found her in bed, her face pale, features contracted, expression of eyes wild, sinister, and anxious. On being questioned, gave rather confused and unsatisfactory answers, not acknowledging pain or sickness; pulse slow, being sixty and feeble, tongue white, no tenderness of abdomen on pressure, bowels torpid—no appetite, the secretion of milk and the lochia quite natural—manifested an entire want of affection for her infant—said she had been a bad wife, and wished she could live her life over again—frequently cried out "what shall I do? what will become of me?" she was sleepless. In addition to gestation and parturition as exciting causes, it may be mentioned as evidence

^{*} Montgomery on Pregnancy, p. 9.

of an hereditary tendency, that her father was at that time insane.

Both on account of its moral and physical influence, it was thought proper that she should continue nursing her child.

Blue pill with ipecac, and extract of hyoseyamus was administered at night, and followed by an aperient draught the next morning. This was repeated every day or two. Mustard foot baths were used at bed time. Her nourishment was wine whey, arrow root, panada, and chicken soup. Though she was not removed from her own house, her relatives were kept out of the room. As soon as she became strong enough, she was amused by prints, by needle work, reading and riding out. She recovered in a few weeks.

Dr. Montgomery, I believe, was the first to mention a form of temporary derangement to which parturient women are subject during natural labour, and which he denominates "*Mental incoherence during natural labour.*" This is mentioned, not as a matter of much importance by itself, but as deserving of consideration in connection with the subject before us. Dr. M. says "it is well known, I presume, to every one who is conversant with the management of natural labour, that the period of that process at which the os uteri becomes fully dilated and is put severely on the stretch by the head passing through it, is one of extreme distress and pain to the patient, who generally at that time is much agitated, experiences a smart rigor and vomits; but in addition to these and other symptoms of almost constant occurrence, I have observed that the impression thus made on the system, is in so many instances accompanied by incoherence or temporary delirium, that I have ceased to regard its occurrence as a matter of surprise. This affection is sometimes strongly marked, and at others so slight, as almost to escape notice."

Dr. Montgomery considers this phenomenon explicable in the anatomical character of the cervix uteri which has the structure and performs the functions of a sphincter, which, in the course perhaps of one hour, from not being capable of admitting the point of the finger, dilates so as to give passage to a body measuring at least ten or twelve inches in circumference, and which from this sudden and forcible dilatation, actually tears the part and gives rise to the jagged and notched state so often seen in women who have borne several children.*

When there is a predisposition to insanity, the cause which produces this temporary incoherence of mind, may possibly act as the exciting cause of the more permanent forms of mental derangement.

Insanity occurs also during parturition without obvious connection with the cause here referred to, as in the following case :

Mrs. McF., aged about twenty-eight years, with light hair and eyes, nervous temperament, and belonging to a family rather remarkable for "nervousness," during the last month of pregnancy with her *fourth* child, complained of cephalalgia, pain in the left side of the chest, constipation, pruritus, and low spirits. For these different symptoms she was treated and with relief; but she continued to do all her house work and to take too much exercise. Towards the close of the term of pregnancy, her mind had been much excited on religious subjects; her head ache now returned, and with it great anxiety and alarm as to her approaching confinement. She complained of unusual sensations, and could not sleep—in this state of morbid anxiety, she repeatedly sent for her physician, supposing labour to have begun. On the 18th of January, after much persuasion, she was bled. About

* This explanation seems to be sustained by the observation that mania "has been known to occur in dysmenorrhœa, to cure which, dilating the os uteri was attempted."—[*London Lancet*, Dec. 23, 1843.]

twelve ounces of blood were drawn, with relief of symptoms. She had also been troubled with constipation and tenesmus; the former of which was relieved by laxatives, the latter by enemata with laudanum. I was called to her about four o'clock on the morning of the 21st, and found her in the first stage of labour. The first thing that struck me on entering the room, was the wandering state of her mind. She talked incoherently on religious subjects, and seemed to imitate the quaker tone of preaching. The labour pains which had begun at ten o'clock on the preceding evening, had ceased to recur with regularity and force. On examination, the os uteri could scarcely be reached. Dilatation had just begun, but the parts were yet extremely rigid. An anodyne was administered both for the purpose of quieting the irregular action of the uterus and nervous irritation; and the patient was left to herself until nine o'clock, A. M; when, after a period of rest, I found the pains had recommenced, the os uteri had dilated considerably, and the labour had made such progress that I determined not to leave the patient. The opening soon became as large as a dollar, and the child's head was distinctly felt. Here the action of the uterus entirely ceased, and after waiting three hours, I began with the use of ergot, giving a drachm in the form of infusion, a third every twenty minutes; but without any effect. The patient's mind becoming more and more delirious and there being no advancement in labour, about ten P. M., I began with a fresh supply of ergot in the form of powder, giving a scruple every quarter of an hour. The pains soon returned with force and frequency, the progress of the child was gradual, and the patient was safely delivered about half past three, on the morning of the 22d. The placenta came away about half an hour after, and was not followed by much hemorrhage. Putrefaction, which had already begun, showed that the child had been sometime

dead. After delivery she slept some time, but awoke in a very wild state of mind, sprang from the bed and attempted to jump out of the window. Shortly after, the lochial discharge which had been considerable, suddenly ceased. Her breasts remained soft without any sign of milk. She had considerable heat of head, her pulse about seventy-five and full, her skin sallow and dirty, her tongue foul, her bowels constipated, her mind more wandering, her interest in her family entirely gone. Leeches were applied to her thighs, followed by hot fomentations in imitation of the lochial discharge,—blood was drawn from the arm to relieve the vessels of the head, calomel and antimony were given in small doses to act upon the secretions and circulation; cold applications were made to the head; blisters applied to the extremities; the diet was exclusively gruel, and the patient as much secluded from company as possible, but without the least favorable change; on the contrary, the patient had become so violent that it was necessary to fasten her in bed.

Monday, January 25th. Symptoms growing worse. At first she had lucid intervals; now she raves uninterruptedly and incoherently. Another symptom which is very common in puerperal mania, now manifested itself—the repeated use of indecent words. The maniacal smell was quite evident; the pulse 130 and feeble; restlessness and jactitation—discharges of feces and urine, involuntary—no lochial discharge, notwithstanding the reapplication of the leeches yesterday. Has not depletion been carried far enough? and considering the state of the pulse and the nervous irritation, is it not time to begin with the narcotic treatment? Let her have extract of conium, gr. ij, every four hours.

January 29th. No sleep since yesterday; indeed not more than six hours sleep since her delivery,—pulse 130; continued treatment. Six o'clock, P. M.,—no change—

acet. morphinæ $\frac{1}{4}$ grain. The conium to be continued if the morphine should not produce sleep.

January 30th. Slept about two hours and a half after taking the morphine; pulse 115 and more full; neither lochia nor milk; refused the conium and rhubarb, and magnesia mixture, which had been ordered. The following shows the wandering and incoherence of her mind. These few words were repeated in the tone of a quaker preacher:—"My soul, my body, my ever, my soul, my whole, I looked and I'm pushed, I've lied and I've licked, you must go, pugh, hugh, she's a bitch, she's a witch, there's a house, there's a hill," &c., and all this with constant jactitation. Continue extract of conium.

January 31st. No sleep of consequence, but she has been quiet and manageable; pulse 130; continue morphine at bed time.

February 1st. Slept four hours after the morphine—awoke and was violent for half an hour; now calm, countenance composed, pulse 108—bowels regular.

February 2d. Pulse excited, 130—continue ext. conium—gr. ii q. h. s. February 3d. Improvement, pulse slower, slept about three hours, both last night and night before. H. mist. camph. q. h. s. Continue pil. conii—q. h. s.

February 4th. Slept from 12 M., to six this morning; asked about her aunt, who is very sick; pulse 88—complains of debility. Continue treatment. Diet—gruel and chicken broth.

Feb. 5th and 6th. Continues improved. Slept four or five hours both last night and night before.

Feb. 7th. Has lucid intervals; asks questions about herself, and wishes to know what ails her,—pulse 76. Both the conium and camphor mixture to be given every three in place of every two hours.

Feb. 8th. Pulse somewhat increased in frequency,—complains of confusion and uneasiness of head; has re-

refused to take her medicines during the last twenty-four hours. Continue treatment. Mustard foot bath at bed time. Her violent maniacal symptoms returned, and it became necessary to remove her to the asylum. She was still insane when last heard from.

But puerperal insanity occurs most frequently during the more strictly puerperal state; that is to say, within a few days, or at most, within three or four weeks after parturition. It often manifests itself as in the following case:

Mrs. R., aged twenty-four, married nine years and the mother of three children, was confined on the sixth of November—and although she did not expect her labour to take place before Christmas, gave birth to a full grown child. Mrs. R. was never before deranged, and labored under no family predisposition to insanity. Three days after her confinement, she got up at midnight and went down to the yard. This, it seems, was the first thing that indicated anything like mental disturbance. Since then her insanity has been steadily increasing, and for the last two or three days prior to being removed to the asylum, she has been almost entirely unmanageable. On my first visit—7th day of the disease—found her lying on her back, her hair loose, countenance pale and wan, eyes upturned and evidently taking cognizance of nothing before them, her limbs in motion, sawing the air with her hand, and uttering wild incoherent sentences, unconscious of her situation; pulse 130—tongue dry and brown in the middle, the sides moist and whitish, feet cold, breasts continue to secrete milk freely. Mustard foot bath. R. hydr. submur. gr. iv. pulv. g. opii, gr. i. m. h. s.

Eighth. Countenance more animated, tongue moist, feet warm, bowels constipated. H. ol ricini. aq. menth. p. á á oz i. Evening, no stool. H. infus. sen. c. and pediluvium.

From 9th to 12th day of disease pulse from 92 to 130, tongue furred, bowels constipated, mind uninterruptedly

disturbed, as evinced at one time by incoherent talking in whispers, and at another by noise and vociferation. Calomel, cathartic and antimonial solution.

13th. Bowels costive. H. infus. sen. comp.

Evening.—This operated freely—mind more wandering and incoherent, mouth covered with sordes, tongue brown and dry. H. panada and wine.

14th. Face pale, eyes rather dim, vessels of adnata slightly injected, lips red, mouth inclined to dryness, hands in constant motion—pulse 112. Arrow root. Her symptoms were very evidently aggravated by the brisk operation of the cathartic. She is in an ex-sanguine and exhausted state, and will probably require anodyne and stimulant treatment.

Evening.—Frantic; so much agitated that it is impossible to feel her pulse—seems to be somewhat under the influence of fear; raves about her father. R. sol. acet. morph. gtt. xxv. tinct. digital, gtt. xxv. m. and div. in partes ij. e. q. un.—sumat statim. Took two thirds of the anodyne and did not sleep; countenance rather better, tongue moist; pulse 128. H. sol. acet. morphiae gtt. xvi. After having continued awake for two or three days, got asleep about five this evening and slept till nine. During the rest of the night it became necessary to fasten her in bed.

16th. Took the before mentioned preparation of morphine every two hours during the after part of the day, and at about 6 or 7 P. M., a warm bath; after which she slept about two hours; noisy and restless the remainder of the night.

17th. Talkative, incoherent, and destructive. H. pil. hydr. gr. v. pulv. ipec. gr. ii.

18th. Saw her husband to-day and recognized him—but her attention was not arrested a moment by his presence. Baln. calid. 98 ° and continue in it twenty-five minutes.

19th. Slept more after the bath, with the use of the morphine during the day. Her pulse has continued from 100 to 120. Informed to-day for the first time, that she has had a lochial discharge for a week past. Thirst, furred tongue. R. hydr. submur. gr. vi. pulv. doveri gr. x. m. and div. in partes ij., morning and evening.

Evening.—Mouth dry, having taken the medicine.

20th. Restless during the night—mouth and tongue dry, pulse 88.

Evening.—Incoherent, constant talking; jactitation, skin cool, pulse 92, tongue moist and cleaner.

21st. Slept an hour last night, noisy since, bowels regular, lochial discharge less. Wine whey.

22d. Mist. camphor oz ss q. h. s.

Evening.—Would not take the mixture. R. solution acet. morphine gtt. xxx. Wine oz ij. the half to be taken immediately, and if it do not produce sleep in two hours, the remainder. Sensorial illusions—talks about lice and vermin creeping upon her.

23d. Slept none though she swallowed $\frac{3}{4}$ of the anodyne; incoherent—obscene. R. ext. conii, gr. xxiv. div in pilul viii. e. q. un. sumat, q. h. s.

24th. Took none of the conium and has not slept—no appetite, pulse slower. H. pulv. rhei and magnes. calcini.

Evening.—After an enema had a stool; has taken freely of nourishment; (chicken broth) mind more calm, manner more composed, movements more regular, tongue cleaner and more moist—pulse 90. Sense of hearing very acute—hallucinations. H. pil. hydr. h. s. Seidlitz powder c. m. cold water to head, her hair having been cut off.

25th. Slept none, noisy all night, tongue moist and clean—pulse 115 and feeble, pallid. H. pil hydr. h. s. Seidlitz powder c. m.

26. Rep. seidlitz powder.

Evening.—No stool. R. hydr. submur. gr. iv. pulv. ant. gr. v. m.

27th. Pulv. rhei and magnes., followed by an enema.

28th. After the injection, slept two or three hours—but incoherent and talkative this morning.

Evening.—Found her moving before the fire-place in a very graceful manner, improvisating to a familiar air, and introducing the names of her father and children. Her eyes were intently fixed on the wall where she saw the forms of her relations, and which she kissed most affectionately. She continued in this way for a quarter of an hour without noticing persons entering the room. It is difficult to arrest her attention, and when arrested, it is impossible to fix it for a moment. She has hallucinations both of sight and hearing. Pulse 88, with more volume. Bowels torpid; sensations pleasurable. H. ol. ricini. oz i.

From the 30th to 104th day of disease, no amelioration either in her mental or physical condition. Her bowels were habitually constipated, and she labored under amenorrhea; in mind, maniacal—talkative, incoherent, destructive. Medical treatment, cathartic, tartar emetic ointment, warm baths and tinct. senna and hiera pira.

117th. Has become more mischievous, gained strength, but no improvement in mind.

139th. Improving in bodily health and somewhat in mind, appetite voracious. H. pulv. ipecac, gr. ij. morning and evening.

149th. Amenorrhea still. H. pil. aloes and myrrh.

161st. Light shower bath, every second day.

176th. Is daily and rapidly improving. As her general health improves and she becomes fat, her mind also gains strength.

183d day from attack, or six months, discharged *recovered*.

This case presents several points of interest. In its early stage the frequency of pulse, coldness of extremi-

ties, constant delirium and jactitation, with general typhoid condition, constituted a group of symptoms which active depletion would probably have rendered fatal. In its subsequent stages, as we now think, a more decided use of sedatives would have proved more serviceable than the treatment which was adopted.

Mrs. W., resident N. Y. city, age 22, married 10 or 12 months—on the 5th Dec., was confined; labour natural, child healthy. After nursing the child two or three days suddenly ceased to suckle it—not because the secretion of milk had ceased, but in consequence of her derangement. Lochial discharge scanty. On the 14th December, nine days after parturition, gave the first evidence of insanity; got up, took off her bandages; said she was well, and began to talk wildly. A sister had been deranged and recovered.

Treatment v. s. oz xvi. ol. ricini. Ice to head.

She lost a large amount of blood at the time of delivery. For three months before parturition, had not a natural night's rest; but was otherwise well and cheerful.

Present symptoms. At the time of admission, 6th day of mania, countenance exceedingly pale, at times animated and wild; expression usually agreeable; hair loose; raves incoherently; slept some last night; calls her nurse by the name of a person she dislikes; pulse 112; tongue white in the middle, though cleaning off. H. baln. tepid. H. hydr. submr. gr. v. h. s. H. ol. ricini. oz i c. m.

9th. Pulse 115, tongue clean, appetite better, purulent discharge from the right ear; raves, saying "they put me in a fine carriage and said I was out of my mind—that is some of Mrs. B's work; I can nurse my own child; thank God I have my senses; a dead man can't praise God." Continue baln. q. d. s.

14th. Convalescing rapidly.

24th. Is so well and so anxious to return home, that it was thought advisable to indulge her. She accordingly

took charge of her child, nursed him, (having milk,) became violently deranged again, and was brought back in nine days, and on the 23d day of disease.

34th. Solut. antimon. baln. calid.

38th. Continued solut. ant. and baln. tepid q. d. s. H. mag. sulph. oz vi.

50th. Improving. Mild and perfectly manageable; still laboring under the impression that she became pregnant without any intercourse with man; averring that she was five months advanced at the time of her marriage.

70th. Continues to convalesce; if she does believe in, does not refer to her mysterious conception; general health good. Manifests a good deal of imagination and self-esteem; is much given to scribbling poetry; has written several pieces during her convalescence, having found new and interesting subjects in her present situation. She has quite a volume of short pieces which she composed both in England and in this country, and which she talks of publishing.

83d. day, discharged *recovered*. She continued sane and died of puerperal fever on a subsequent confinement.

Insanity occurring during lactation.—The cases here reported show that insanity originated during the period of lactation, in seventeen out of sixty-six. This is generally a disease of slow progress and gradual developement. When it shall be better known, and its incipient stage early recognized, it will doubtless be often practicable to prevent it altogether, or to stop its further progress when first observed. It generally occurs in women of delicate organization who have borne children rapidly and suckled them for a long time, and is usually preceded by loss of flesh, strength and spirits—accompanied by marked pallor of the countenance. The uniform occurrence and persistence of these symptoms prior to the developement of insanity, is remarkable. When the secretion of milk

and the strength of the mother begin to fail, it is usual to resort to stimulants in the form of porter, wine, milk-punch, &c.—but these, affording only temporary relief, the malady advances with increased rapidity. Emaciation, paleness, languor and lowness of spirits, are more and more apparent—restlessness, sleeplessness, changeableness and irritability of temper, supervene; the patient feels unequal to her usual efforts, and unlike herself; she begins to think, and her reflections almost invariably assume a sombre hue, and soon concentrate on a single subject, and that subject is almost invariably herself. She thinks of herself only in connection with impending death, or with reproach for having been an undutiful wife, a careless mother; or for having failed to perform the chief relative duties of life. Her attention now seizes on a single subject and fixes on it with that tenacity so remarkable in melancholy and monomania. This consideration of herself often leads to the belief that she has committed the unpardonable sin—that all her future hopes are cut off, and she not unfrequently attempts suicide. It is probable that women who commit infanticide of their own offspring, are often in this state of mind. I would not be understood, however, to say that all women who become deranged while suckling, are melancholy, but that the great majority are so.

Dr. Ashwell, who has written a valuable paper on "The morbid consequences of undue lactation," in the fifth volume of *Guy's Hospital Reports*, says, "the pathology of these functional results of undue suckling, is by no means intricate or unsatisfactory. An impaired and attenuated condition of the blood, and a consequently depressed state of the nervous system, especially of the organic system of nerves, is the clue by which all the symptoms may be unravelled."

Mrs. R. was placed under my care on the 14th of July; age twenty—married seventeen months. When about

17 years old, was deranged in consequence of the death of a young man to whom she was attached, and recovered in three months. Since then she has been sane and in good health until now. Seven months ago was delivered of a healthy female child; continued well until two weeks ago, when her husband discovered for the first time, symptoms of insanity. The first of these was an attempt to destroy herself by endeavoring to get into the cistern, and by jumping from an upper window. Since then she has made repeated attempts and threats to commit suicide. She fancies her house is confused and dirty—that her clothes are torn in pieces—that herself, husband and child, have nothing, and that ruin hangs over them. She is often indisposed to conversation, and weeps frequently. Bowels constipated. *H. ol. ricini.*

3d week of monomania, removed from home. Slept well last night after having her breasts drawn. She is still very unhappy—her countenance is dejected, and she talks constantly about going home; moans, and is listless—has not menstruated since her confinement, and has nursed her infant until she was removed from home—having had as much nourishment for the child as it required, until within a fortnight or so. She is emaciated and pale, pulse feeble, though slow; her breasts hard and very much swollen—a pint of milk was drawn to-day at once, by means of a bottle. Her bowels were moved this morning by the oil, but are still quite torpid. *H. pil. mass. hydrarg. and colocynth. no. ij. h. s.*

This case being of a chronic character, it will not be necessary to give a diary of it. Her treatment after weaning the child, was directed in the first place to the digestive organs, which were found much deranged; her tongue being furred, her bowels constipated and inactive. Blue pill, and blue pill combined with colocynth, were freely and frequently administered—the warm bath was used and she was engaged as much as possible in active

employments. Her diet was nutritious. After restoring the state of the alimentary secretions, the menses being yet obstructed, aëtic medicines, hip and foot baths were used. She recovered in about four or five months from the period of her first attack.

Mrs. N., aged 35, of a nervous temperament, belonging to a family remarkable for delicacy of organization, herself peculiarly fragile looking, having lost a sister by puerperal fever, had had five children with great rapidity, suckled them all herself, and from extreme maternal anxiety, slept with them all in the same room. During the summer preceding her insanity, she and most of her children suffered from intermittent fever. At length, about the middle of September, she began to manifest extreme debility, want of appetite, and complete restlessness, which at first did not excite much apprehension. Dr. B., who now saw her, ordered her child, which was ten months old, to be weaned, and Mrs. N. to use tonics and nutritious diet. A diarrhœa set in about the same time, and a violent attack of mania immediately supervened. I saw her for the first time September, 30th., in consultation with Dr. B. She was perfectly maniacal, raving incoherently, unconscious of her situation, and requiring two or three nurses to hold her in bed. She was excessively pale and emaciated—her pulse was from 120 to 140, and very feeble; she had head-ache, a hot skin, a loaded tongue—extreme watchfulness, not having slept for several nights—occasional diarrhœa, complete retention of urine, and the most frightful paroxysms of hysterical mania two or three times in twenty-four hours. She was treated at home with blue pill and mild cathartics—the decided use of anodynes, (including the different forms of opium, hyoscyamus, camphor, and Hoffman's anodyne,) wine, iron, and other tonics; and recovered in two or three months.

It may be asked, does insanity occur most frequently

in pregnancy? or in the puerperal state? or during lactation? Of the 66 cases which have fallen under my care, four occurred during pregnancy; forty-four during the strictly puerperal period, including one which took place during labour, and 18 during lactation; making by far the largest proportion to occur during the strictly puerperal period; that is, within a month after confinement. It may here be remarked, that we have limited the puerperal cases, to the first month. It is still a question whether those occurring in the second month after parturition, may not also be fairly classed with the puerperal. Besides this division of the disease according to the period when it occurs, it naturally divides itself into two forms or stages—the acute and chronic.

1. *The acute* is of recent origin, characterized by great febrile excitement, frequent pulse, hot skin, incoherence, raving, unceasing jactitation, and sleeplessness. It is dangerous to life; is mistaken for phrenitis, and is often fatal under any management, but particularly when treated actively. This acute form of the disease, almost uniformly occurs soon after delivery, during the strictly puerperal state, though it sometimes happens during lactation.

2. *The chronic stage* is where the disease is of several weeks standing, or where it has come on gradually. It is without febrile excitement—the pulse is slow—the skin cool—the mind may be equally incoherent, as in the acute stage; or the patient may be laboring under monomania or dementia.

After having illustrated, by the cases which have been mentioned, the different forms of insanity occurring during the pregnant, the puerperal and the lactescent periods, I will next proceed to a general consideration of the subject.

1st. As to the frequency of the disease. It is probably of much more frequent occurrence than is generally supposed. Esquirol says the number of women who be-

come insane after parturition, and during or after lactation, is much more considerable than is usually believed. In fact, nearly one twelfth of the insane women received into the Salpêtrière, have become so under these circumstances. Some years, this proportion amounted to one tenth; thus, of 1119 females admitted into the insane division, in the years 1811, '12, '13, '14, ninety-two became deranged after parturition, or during or immediately after lactation; and of these ninety-two women, sixty belonged to the years 1812 and '13, during which time there were but six hundred admissions. And if from this total number of insane females admitted in the course of these four years, we deduct all who had passed the age of fifty, beyond which epoch they are not exposed to the influences of parturition and lactation, we shall arrive at the conclusion, that insanity, following child-birth and lactation, is much more common than was formerly supposed. This is true particularly among the rich. The proportion in this class is, according to Esquirol's observation in his private practice, about one seventh. But it is also true that cases of mental derangement after weaning, are rare among the rich, while they are common among the poor—whether these wean their children voluntarily or by compulsion. The precautions which those who are in easy circumstances have it in their power to take, explain this difference.

Of 691 females admitted into the Bloomingdale Asylum, 49 became insane during pregnancy, parturition and lactation; making one in every fourteen, or seven and one tenth per. cent. of females of all ages. If we take into account the great number of women beyond the age of child-bearing, and the unascertained causes of insanity, the importance of pregnancy, parturition and lactation in causing insanity, will be quite evident. Like mental derangement arising from other causes, puerperal insanity assumes different forms. Of the 66 patients whose cases

are here recorded, including those admitted into the Bloomingdale Asylum, 34 were laboring under mania, 28 under monomania, and 4 under dementia. Of the 92 cases reported by Esquirol, 49 were instances of mania, 35 of monomania, and 8 of dementia.

The Causes of Puerperal Insanity.—These, as in other diseases, are divisible into *predisposing* and *exciting*. The first question that presents itself relates to the former. How often is there a family predisposition, either hereditary, or acquired? In 17 of the 66 cases, there was an hereditary or family predisposition, and in 7 an acquired predisposition from former attacks of insanity. *One* was said to have been hysterical, and *one* to have great nervous susceptibility. This makes almost 26 per. cent. of cases in which there is an hereditary or constitutional predisposition. Besides hereditary, the other predisposing causes are extreme susceptibility, and former attacks of insanity.

In speaking of the causes of puerperal insanity, Dr. Gooch says, without, however, giving any numbers to corroborate his statement, "Of the cases which I have seen, a large proportion have occurred in patients, in whose families, disordered mind had already appeared. The patients too, were of susceptible dispositions; nervous, remarkable for an unusual degree of that peculiarity of nerve and mind which distinguishes the female from the male constitution." In the absence then, of other facts than those which I have myself observed, we may conclude that in rather more than *one* of every *four* cases of puerperal insanity, there is a family predisposition. In some, this predisposing cause is so strong, that it needs only the recurrence of natural labour or of lactation, to bring on another attack of mental disorder. But there are various exciting causes, some one of which may be instrumental in bringing about an attack of puerperal insanity. These, it is important to point out, in order that

we may guard against their influence. French pathologists attribute much to the potency of moral causes in the production of insanity. Esquirol says that moral causes stand as four to one of physical, in originating puerperal mania; Georget observes, that in 17 cases in which he had been consulted, he can recognize only two where the delirium proceeded from any other direct cause than a moral affection. If in speaking of causes, these pathologists are to be understood as meaning those physical causes which have no connection with the puerperal state, then perhaps the observations of various physicians, differing as they do so widely, may be reconciled. The experience of Burrows, and other English physicians, shows that this disease is not so frequently attributable to moral causes. "Two of my patients only, out of 57, says Dr. Burrows, were delirious from fright; others have become so from admitting the too early visits of inconsiderate friends. But in the aggregate, there have been very few, comparatively, to those who have developed puerperal delirium from physical causes: and still fewer to those in whom it has been elicited without any apparent cause, moral or physical." It may be expected, that should any moral causes occur during the puerperal state, they would, owing to the then more impressible state of the nervous system, have a much more serious influence on the mind than at any other period. As far as I could ascertain, but 12 out of the 66 cases which have been under my care, were influenced by moral causes, and these were not all so decided as to be considered *the cause*. They were mostly viewed as incidental or co-operative. There exists in one of the towns of Holland, a municipal regulation, which orders that a mark shall be put on every house in which there is a recently confined female. This mark serves as a safe guard against the visits of constables and police agents, which on the continent of Europe, are the sources of great terror. In ancient Rome, it was customary to

suspend a crown over the door of houses of females in this state, in order to let it be known that such residence was to be kept sacred from intrusion.

Of 92 cases of puerperal insanity reported by Esquirol, 46 (exactly one half) became deranged after being exposed to strong moral influences. The following are mentioned as the most common moral causes : the fear of again becoming deranged, where the female has had a prior attack at the same period : grief for the loss of the infant : despair at the desertion of the father : anger : domestic trouble and fright. Among the moral impressions as productive of insanity, terror is mentioned as the most common. Eleven cases of puerperal mania, out of 13, proceeded from this cause in Paris, during the alarming crisis of the years 1814--15. There exists in the French capitol, one moral cause much more generally operative there than in most other places ; that is to say, the great number of illegitimate children, and the consequent abandonment of mothers, at a most critical period. This perhaps may account in part for the different influences of moral causes as reported by different observers.

Physical Causes.—Of the 66 cases observed by myself, 6 only are reported as having been influenced by physical causes. By this I mean, of course, physical causes having no connection with the puerperal state, but entirely extraneous. Of these, the most frequent was cold,—the exposure of the patient to cold air or cold water. But this exposure to cold, besides being an occasional cause, is often one of the effects of insanity, from an instinctive desire of maniacs to expose their bodies to the open air and cool water. It is frequently one of the first acts of insanity. The secretion of milk and the lochial discharge being causes strictly connected with the puerperal state, will be adverted to when we come to the pathology of the disease.

The disordered state of the stomach, bowels and liver, which sometimes ensues during pregnancy, is not uncommonly an exciting cause.

Besides the causes which have been enumerated, there are certain circumstances which are supposed to exert a marked influence in developing the disease; such as the birth of the first child; the age of the patient, and the period after confinement.

Of our 66 patients, 29 became insane with their first children; 9 with their second; 6 with their third; 9 with their fourth; 2 with their fifth; 2 with their sixth; 1 with her seventh; 3 with their ninth; 1 with her tenth, and 4 unknown. It is also quite probable that some of these now put down as having become insane with their 2d., 3d., 4th., &c., children, may have been so with their first ones. It is therefore evident that by far the largest proportion of cases occurs with first children.

Age.—Of the 66 cases, 2 were under 20 years of age; 45 were between 20 and 30; 11 between 30 and 40; 7 between 40 and 44, and 1 unknown.

Of Esquirol's 92 cases, 63 were between 20 and 30 years of age; 27 between 30 and 40, and 2 at the age of 43. A singular coincidence in the results of these numbers shows, that about 68½ per cent. of all cases of the insanity of puerperal and suckling women, occurs between the ages of 20 and 30. This, it is true, is the period of life, which produces the greatest number of children; but the proportion of cases of insanity exceeds, comparatively speaking, the proportion of births. So we may fairly conclude that age has an influence in the production of the disease, and that mothers are much more liable to it between the ages of 20 and 30, than at any previous or subsequent period of their lives.

The different days and periods of attack, before and after confinement, constitute another of the circumstances in the

etiology of this disease. Of the writer's 66 cases, 29 became deranged within one week after parturition, and 15 during the subsequent three weeks; making altogether, 44 cases during the first month, or strictly puerperal period. During the second month, 5 became insane; during the 3d and 4th months, 4; at 6 and 10 months each, 2; at 9 and 15 months each, 1 became deranged; 3 became insane during lactation, without there having been any precise time specified; 1 while labour was going forward, and 4 in the course of pregnancy. Thus it is seen, that during the first month, or strictly puerperal period, 44 out of 66 of the cases, (a very large proportion,) originated; that in the course of the second month, which may still be regarded a puerperal period, 5 more originated, and that the proportion increases from day to day, as we approach the day of parturition, and diminishes as we depart from it.

So much for the causes having no necessary connection with the puerperal state, and for the circumstances of age, first birth, and time in the production of this disease. We will next proceed to the consideration of causes strictly puerperal, and to the nature and pathology of the disease. In viewing these matters, two important and interesting questions arise: how is the secretion of milk affected? and how is it with the lochial discharge? Different observers have assigned to these things, particularly to the milk, very unequal degrees of importance. Some have looked to this as the sole cause and essence of the disease. The older physicians believed that milk was translated to the brain, and they attributed to metastasis all the symptoms following its diminution or suppression. Leveret asserted that veritable milk could be found within the cranium; Boerhaave thought that all the different symptoms which manifest themselves after child-birth as distinct diseases, depend on one and the same cause, though manifested in various ways, and should be treated in the same manner.

Most of the older obstetricians attributed the various maladies supervening on child-birth and nursing, to the metastasis of milk. This is still the popular belief. But recent observation has demonstrated that milk is not found effused in the abdominal cavities of puerperal women who have died of peritonitis. Neither is it found within the crania of those who have died insane. Modern pathologists think that after confinement and during lactation, there exists what is called a milk diathesis, which modifies and characterizes all the secretions; that the excessive susceptibility of puerperal women, and nurses, renders them more subject to external influences; that these influences, acting on different organs, cause the development of diseases peculiar to those organs—diseases which are modified by the prevailing milk diathesis. Dr. Burrows says “delirium sometimes immediately succeeds a natural labour, or as early as the following day, before the process of lactation can disturb the system, and the lochia flow uninterruptedly. More frequently, puerperal delirium comes on about the third or fourth day, as if it were connected with the lacteal secretion; or it occurs, though not so often, about the 14th or 15th day, which is the average period of the lochia terminating; or at any time during nursing, or on weaning. The lochia, however, will flow freely after mania is established,—and so likewise, in some cases, does the milk; but the latter is not so abundant, and its nutritive properties are always deteriorated.”

Esquirol says sometimes the milk is totally suppressed; at others, only diminished; while at other times, insanity is developed without either suppression or diminution of milk, and while the infant is constantly improving under its use. He asks also the question, is the suppression or diminution of milk, the cause or effect of mental derangement? and answers, that insanity is most frequently developed in females who *do not* suckle their

children.* He adds, that the majority of facts go to show that the milk is either suppressed, diminished, or changed in quality, previous to the developement of insanity; but that on the other hand, there are cases in which mental derangement is manifested previous to any change in the secretion of milk. In looking over the cases recorded both by myself and others, I find a deficiency on this point. Authors give no numbers whatever. And of the 66 here reported, there are only 40 in which the secretion of milk and the lochial discharge are mentioned, either separately or together, either directly or indirectly. Of these 40, it is stated that neither the lochia nor milk were suppressed in 19; making nearly half of the whole number in which this secretion and this discharge were alluded to, when these were not affected prior to the developement of insanity. In thirty cases, the secretion of milk was not checked prior to the developement of insanity, and in 19 cases the lochial discharge was natural. In 4 cases the milk was checked after the occurrence of mental disorder; in one case the milk was scanty. So there remain of the 40, only 6 cases in which the milk, and 3 in which the lochia were checked or suppressed, before the occurrence of insanity. These, imperfect as they may be, are the only numbers or real facts relating to the subject, that I can find; and their bearing on the pathology of the disease is, that the lochia and the suppression of milk have less to do in originating it than is generally supposed. But though the suppression of milk may not so often cause insanity as some have believed, yet that change which is wrought in the whole system by the secretion of milk, the milk diathesis as it has been termed, may in all cases be the essential cause of the disease.

Esquirol says that sudden weaning, whether voluntary or compulsory, is the cause of insanity, when nurses neg-

* Of his 92 cases, 63 were married and 29 unmarried women. The single women, he observes, rarely nurse their children.

lect those precautions which prudence and experience dictate. In 19 of his 92 cases, insanity was manifested a few days or immediately after weaning, and following imprudence or negligence. Insanity after weaning is rare among women in easy circumstances, because they have the means of taking good care of themselves. As to the influence of weaning, in causing puerperal insanity, I know of no facts corresponding with those of Esquirol. Of my own 66 cases, not one arose from this cause; but weaning is not an uncommon sequel of the disease. Gooche says, "among the fashionable women of London, nothing is so common as not to nurse their children; the milk comes in about one or two days after delivery, and the breasts become as hard as stones, but not a drop is extracted; and sometimes by cold spirit lotions applied to the breasts, &c., the milk is suppressed in a few days." He knew "more than a hundred instances treated in this way during the first week after delivery—a time much more liable to disordered mind than a later period, and in not one did it occasion puerperal insanity." These observations not only show that weaning is not a cause of insanity in women in easy circumstances, but that the suppression of the milk during the strictly puerperal state, within a few days after delivery, has not so much influence in the production of mental disorder as has been conjectured.

Though I would fully admit the influence of all the causes, whether moral or physical, predisposing or exciting, which have been pointed out, I would dwell with emphasis on the fact that puerperal insanity may originate independently of them all; that like puerperal fever, phlegmasia dolens, &c., it is a disease strictly of the puerperal period; that it originates in the reproductive organs, and that it is essentially a disorder of the nervous system.

This brings us to consider its nature and pathology. The pathology of puerperal, as of every other form of insanity, is a problem not easily solved. In its investigation

we must consider its causes, its accompanying physical disturbances, the effects of remedies, and the post-mortem appearances.

It is not necessary here to reconsider all the so-called causes of puerperal insanity. These have been shown to have a doubtful influence, and to be necessary rather than essential. The state of the female system during pregnancy, parturition, the puerperal period and lactation, will throw some light on the nature of the disease. When insanity occurs during pregnancy, we would expect to find what we actually do observe, fullness and congestion of the vessels of the head, as a leading physical symptom. I have now under treatment a case not included in the 66 cases mentioned in this paper, in which the lady, who is pregnant about three months, is suffering under a mild attack of mania. She has been married eleven years—has had six children, besides five or six miscarriages, and has always menstruated and become pregnant during lactation, when her child was not more than six or seven months old. She complains of constant cephalalgia and vertigo;—the vessels of her face are turgid with blood, and there is such evident congestion of the brain that venesection is necessary.

When insanity occurs during the puerperal state, we would expect to find the disease one of irritation rather than of inflammation; for it is admitted by all that the susceptibility of the female is never greater than at this period. She has been exhausted by utero-gestation, while from the growth of the foetus she required more nutriment than usual; the irritability of her stomach has perhaps prevented her from using her accustomed quantity of food—she has been debarred from exercise in the open air—that preserver of life and health—and has been worn down by the doubts, and fears, and anxieties, that are so very apt to hang over the minds of women under these circumstances. In this state we would not look for inflamma-

tion; nevertheless we may sometimes meet with it as we do with pneumonia in typhus, or after severe injuries or surgical operations when there has been great loss of blood and strength. But it is not that active, vigorous inflammation which occurs in strong individuals. It is an inflammation which judicious practitioners tell us is often most successfully treated by stimulants in conjunction with other remedies. When it occurs during lactation, we would expect to find a disease of debility, and we do find the mother pale, emaciated, reduced by suckling a large vigorous child, and by nights of watchfulness and of anxiety for her offspring.

So far then as the previous physiological and pathological states of the system may influence the character of this disease, they would seem to be such as produce irritation and debility, or such as lead to congestions.

The accompanying physical disturbances will also aid us in forming a just estimate of the nature of this disease. These, it must be admitted, are occasionally such as characterize phrenitis, and phrenitis is sometimes mistaken for puerperal insanity; that is, the disease is called puerperal insanity, when it is in fact inflammation of the brain. On the other hand, puerperal insanity in its acute stage, is like delirium tremens, not unfrequently taken for inflammation of the brain by those who are called upon to treat it for the first time. But if we justly estimate the symptoms of this disease, as we should do those of any other form of mental alienation, without the ever-present idea of inflammation, we shall find the physical phenomena corresponding with the previous state of the system. In the acute form or stage of puerperal insanity, we shall find the pulse frequent; perhaps from 120 to 140—but feeble like the pulse of a typhoid patient; in some cases however, it may be full and strong, but these are exceptions which prove the rule. We shall find the head and surface generally hot, but it

is the heat of febrile excitement, and is sometimes accompanied by cold extremities—we shall find great jactitation and restlessness, with perhaps subsultus—the tongue coated and foul, and sometimes dry and red or brown, the bowels constipated and all the secretions depraved. These are the leading symptoms of the acute stage. In the chronic stage there is an entire absence of all febrile as well as inflammatory symptoms.

The effects of remedies so far as these have been observed by myself and reported by those who have had the best opportunities of witnessing them, go to show that the disease is not one of inflammation, but of irritation and debility, and it may be added, of vitiated secretions.

In considering the pathology of this disease, we will enquire also what are its post mortem appearances? On this subject I can say nothing from my own personal observation. Of the sixty-six cases that were under my treatment, three died, and of these, but two were actually under my care at the time of their death, and I was not permitted to examine them. The remaining one died at home under the immediate care of a relative who was a physician. A fourth was reported to have died of a bilious fever which prevailed in the part of the country to which she was removed. A fifth committed suicide when she was so far recovered that a day was appointed for her return home to her children, one or both of whose lives she had attempted prior to being sent to the hospital. Esquirol says the examinations of the bodies of women who have died insane after parturition and lactation, really furnish no results which will aid us in recognizing the material cause of this species of mental aberration, or of discovering its seat. He found serous effusions between the coats of the arachnoid, as in other cases of insanity; but never anything which resembled milk;—authors having been led by the appearance of albuminous deposits, to suppose the existence of this substance.

He adds, "it would be as strange a thing to find milk within the cranium after child-birth or lactation, as it would be to meet with menstrual blood in the heads of female maniacs after the suppression of the menses." Dr. Gooch refers to a case where death followed in three days from the attack of mania, but no vestige of the disease could be found in the brain or elsewhere. In those cases accompanied by coma, or which are preceded by sudden cephalalgia, or great determination to the head and prove fatal, there can be little doubt, if an examination were made, evidence of a morbid condition of the encephalon would be apparent. But these cases are rare. Fatal puerperal cases, according to Dr. Abercrombie, "have occurred, which, on dissection, exhibited nothing more than a slight vascular injection of the pia mater and arachnoid membranes. These however, are not ordinary cases of puerperal mania, arising from mere uterine irritation, but appear to originate in some primary affection of the brain, aggravated perhaps by the exciting circumstances of parturition." Dr. Briève reported a case of mania, which he imputed to inflammation of the uterus, the internal surface of which was found highly injected and covered with a uniform deposit. In the brain, the anterior portions of the two lobes were softened and of a pale color, and there were other diseased appearances of the encephalon. Dr. Cook mentions two cases of puerperal mania in which the womb was found in a state of disease. Dr. Burrows relates two or three instances in which inflammation of the same organ produced puerperal insanity.

Morbid anatomy then furnishes us with nothing very satisfactory towards the elucidation of the pathology of this disease. Further observations are required. It appears, therefore, that puerperal insanity is occasionally an idiopathic, but more generally a sympathetic affection of the brain; and that in either case it may assume the

character of delirium, or mania, or monomania, or dementia. What then is the real nature of this disease? Does it materially differ from other forms of insanity? Though it is modified by the condition of the uterus, and by the milk diathesis, as expressed by Esquirol and other pathologists, it does not appear that we would be justified in concluding that its pathology, so far as the nervous system is concerned, is essentially different.

4th. The Diagnosis.—The history of puerperal insanity is all that is necessary for its perfect distinction from mental disease arising from other causes. But is there anything in the character of puerperal insanity to distinguish it from other forms of madness? In the acute form of the mania, which succeeds parturition, we observe an intensity of mental excitement, an excessive incoherence, a degree of fever, and above all, a disposition to mingle obscene words with the broken sentences; things which are rarely noted under other circumstances. It is true that in mania, modest women use words, which in health are never permitted to issue from their lips,—but in puerperal insanity, this is so common an occurrence, and is done in so gross a manner, that it early struck me as being characteristic. And is there not a reason for it? Do not the disturbed uterine functions give rise to such ideas? In recent and acute cases of puerperal mania, there is greater febrile excitement, and greater frequency of pulse than is usually found in other kinds of acute mania. In fine, these more nearly resemble phrenitis than ordinary cases of mania. If two cases of mania were presented, the one arising during the puerperal state, and the other not, would it be possible, without any knowledge of their histories, to distinguish between them? We are not prepared to say that it would be in all cases, but think it might be in the more striking instances of this disease. Esquirol says the physiognomy of puerperal insanity has something so peculiar, that it can be

recognized by those who are accustomed to treat it.

Where insanity occurs during protracted lactation, it very generally assumes the form of melancholy—of *lypmania* or religious melancholy—of homicidal or suicidal mania; but it does not, under these circumstances, appear to take so destructive a character as puerperal mania.

Prognosis.—The prognosis in a case of puerperal insanity, relates as well to the life as to the mental health of the patient. The first question is with respect to the life of the individual. Is it in immediate danger? and if not, what will be the result of the disease so far as the patient's mind is concerned? It is important to consider both these points.

First—as to the danger to life. Here authorities differ. Of Esquirol's 92 cases, six died; making the per cent. of deaths $6\frac{1}{2}$. Of Dr. Burrows' 57 cases, ten died; making the per cent. of deaths $17\frac{1}{2}$. Of 10 cases related by Dr. Gooch, four died; making the per cent. of deaths 40. Of the 66 cases observed by myself, four died, including one who was reported to have lost her life by an epidemic fever which prevailed in the country to which she was removed; making the per cent. of deaths but six. If, however, one suicide be added to these, then the per centum of deaths will amount to about 7. But if both the last cases be excluded, then the per cent. of deaths will diminish to $4\frac{1}{2}$.

Here is the surprising difference in the mortality of this disease, of from 6 to 40 per cent. Peculiar differences in the nature of the cases, or something else, must account for this disparity. The greatest discrepancy is that between the results of Dr. Gooch's cases, and those in public and private institutions devoted to the special treatment of the insane. This fact alone explains much of the disagreement. Three of Dr. Gooch's fatal cases, were such as originated within a few days after confine-

ment, during the most critical puerperal period; while it may be supposed that in those patients who have been removed from home, the disease may have been of some weeks standing, and that the period of the greatest mortality may have passed by. Of these three cases of Dr. Gooch, two died within a few days, and one in eleven weeks. The fourth case did not occur until three weeks after delivery, and proved fatal within a few days. Thus on analysing Dr. Gooch's paper, it appears that but two of the fatal cases occurred during the most critical puerperal period—while the third patient died in about four weeks—and the fourth, in eleven weeks after confinement. Two of his cases then, were such as are sent to public institutions. Is there not then something else necessary to explain the difference of mortality? If we examine again Gooch's fatal cases, of none of which he had the early management, we shall find that the *method of treatment* is only mentioned in three, and that in all these, blood-letting, both general and local, was evidently instrumental in the results. The two circumstances then which affect the mortality of puerperal insanity, are the period after parturition when patients are put under treatment, and the nature of the treatment. By Dr. Gooch's own showing, the treatment of the cases reported by him was decidedly bad. If, however, we add all the foregoing cases of puerperal insanity together, making 225, and all the instances of death—making 24—we shall find the mean per cent. of mortality to be more than 10½. When the question arises as to the probable fate of a patient with puerperal insanity, it is an easy matter to evade it by stating "it would be a vague answer to say the mortality would be 5, 10, or 15 per cent., and that this would be more like the opinion of the actuary of an insurance office, than of a practical physician." But after all it must be confessed, that if the numerical method—if exact numbers do not express something truthful—then we

must despair of ever arriving at truth. But our prognosis should not be formed from such numbers alone—the results of cases. As in other diseases it should be founded also on *symptoms*. Of these, Dr. Gooch has named a frequent pulse as one of the most fatal; and in corroboration has quoted the high authority of Dr. William Hunter, who in speaking of women insane during the month, observed “when out of their senses, attended with fever like paraphrenitis, they will in all probability die.” In Dr. Gooch’s fatal cases, the pulse was from 120 to 140. But I have seen a number of cases in which the pulse was from 120 to 140, and in which recovery eventually ensued. If, however, we meet with a patient having a pulse of 120 and upwards, accompanied by great heat, restlessness, sleeplessness, constant jactitation, perfect delirium and incoherence of language, without a rational interval, we may predict a fatal result. If typhoid symptoms be superadded to these, we may conclude a fatal result as much more certain.

The second part of the prognosis which relates to the result of the disease, so far as the patient’s mind is concerned, will next be considered. Here again we must have recourse to numbers. Of Esquirol’s 92 cases, 55 recovered; making the per cent. of recoveries within a fraction of 60. Of Haslam’s 85 cases, 50 recovered; making the per cent. of recoveries nearly 59. Of Burrows’ 57 cases, 35 recovered; making the per cent. of recoveries rising of 61. Of Dr. Gooch’s 10 cases, 6 recovered; making 60 per cent. of recoveries. Of the 66 cases now reported, 53 recovered; making the per cent. of recoveries $80\frac{1}{2}$. Here also it is apparent that there is a vast difference—the lowest per cent. of recoveries being 59, and the highest $80\frac{1}{2}$. When I arranged my own cases and found the per cent. of recoveries to be $80\frac{1}{2}$, I was not surprised, having learned both from reading and observation, that puerperal insanity was a highly curable disease;

but when I proceeded to examine the results of the practice of others, I was disappointed. It is probable that the cases here presented by the writer, were of a more favorable character than those treated by Esquirol and others;—that is, that they were not of so long standing. It may be, also, that while the final issues of most of those under my care have been ascertained, others have reported cases still under treatment, some of which may have subsequently recovered. These or some other circumstances must explain the disparity, for it appears to me quite evident that puerperal insanity is a more curable disease than these reports make it. There is another point connected with the prognosis which it is important to investigate, and that is *when* may the patient be expected to recover? Of the 53 patients who recovered under my care, not one recovered within the first month:—

Four	recovered within	two months;
Thirteen	do. do.	three do.;
Seven	do. do.	four do.;
Four	do. do.	five do.;
Six	do. do.	six do.;
Four	do. do.	seven do.;
Seven	do. do.	eight do.;
One	do. do.	nine do.;
One	do. do.	ten do.;
Two	do. do.	eleven do.;
One	do. do.	twelve do.;
One	do. do.	sixteen do.;
One	do. do.	2 years and 1 m'th.;
One	do. do.	do. between 3 and 4 years.

—
Fifty-three.

By this it appears that the same proportion recover within the first three months after attack, that do in the subsequent three months—that is to say, 17 during each period; making altogether 34 out of 53, in the course of

the first six months—that in the next ensuing three months—that is, from the sixth and ninth months—the next highest proportion recover. After the expiration of a year, one recovered; after the expiration of two years, another; and after the long period of three years, one other.

This corresponds very nearly with Esquirol's results, two thirds of whose recoveries took place within the first six months after attack. Hence in favorable cases we may predict recovery in three months. But if the patient pass by that period, we may expect it during the subsequent three months.

Treatment.—In puerperal insanity as in all other diseases, and particularly in those the pathology and treatment of which are not thoroughly understood, the true method of proceeding is to carefully observe each case separately, to examine well the symptoms, and finding out the functions and organs most disordered, prescribe accordingly.

Puerperal insanity may for practical purposes in its treatment, be divided into *two stages*—the *recent* and *chronic*. These stages do not always depend upon the length of time the patient has been ill; they rather mark the character of the disease, and have been already described. The first is attended with great danger under any treatment, and if life be saved, it is sometimes at the expense of reason. The *second*, if properly treated, is attended perhaps with little danger either as respects life or continued insanity.

Bleeding.—As in other varieties of insanity, venesection or general blood-letting, is in my experience seldom necessary, particularly in public institutions, where patients are not often sent until the more acute stage of the disease has passed by. Of the 66 cases which have fallen under my observation, there were only 6 in which venesection was used, and in all of these

instances except one, blood was taken before the patient came under my care. It is true respecting this, as it is of every other remedy, that there is no specific; and that there must be some good reason besides the mere existence of puerperal insanity for its employment,—there must exist great vascular excitement or congestion of the brain, or some urgent symptom. In one of the cases in which the patient was bled, insanity came on about the middle period of pregnancy, and was accompanied by cephalalgia, noise in the ears, and other symptoms of cerebral congestion. In another the patient was placed under treatment within five days after parturition—had suffered with cerebral disturbance long prior to this period, and had not had a natural night's rest in three months. In another case, the patient was plethoric, under great vascular excitement, and her treatment was commenced immediately after the occurrence of insanity, which was two days after labour. In a fourth case, the patient was not benefitted by the practice; in a fifth case, the patient died in about a fortnight after her first attack, and was probably injured by the treatment; and in the sixth case, blood was taken from the arm a few days before, and a few days after delivery—in the first instance with relief, but in the latter with an aggravation of symptoms.

The symptoms in the early stages of puerperal mania are sometimes so deceptive and so simulate those of phrenitis, that practitioners are led to draw blood in large quantities. That venesection is occasionally useful, there can be no doubt. I can imagine it so even in some cases of delirium tremens, because the most judicious practitioners have found it of advantage—but in the great majority of instances of puerperal mania, it will only tend to increase the delirium and endanger life. Muttering or violent delirium, heat and tossing about of the head, contraction of the pupils, a frequent

pulse, constant jactitation of the body, with movements of the limbs, and a dry tongue, constitute a group of symptoms indicative of what is called in the books, inflammation of the brain—but of a species of inflammation, if inflammation it be, which may be better treated by anodynes and stimulants than by blood-letting. Abercrombie mentions a variety of inflammation of the brain, in which venesection is fatal and wine useful. Some forms of puerperal mania resemble it. Finally, we should bleed, not because there is a frequent pulse and violent delirium, but because there exists some good reason for so doing; as for example, when the patient is naturally vigorous and plethoric—has been suddenly siezed, has a full, hard pulse, great heat, and has suffered cerebral congestion, prior to the developement of insanity.

Local bleeding by cupping and leeching, is more frequently admissable than general blood-letting. Seven of the 66 patients that have been under my care, were cupped, and four leeches. The cupping is chiefly employed to relieve congestion of the brain—the glasses being applied to the temples and the occiput. Cupping is also performed over the sacrum, and leeches applied to the vulva and thighs to irritate and invite the flow of the menses.

When blood-letting is required, cupping and leeching answer the purpose in almost every case, but even these have been seldom called for in the cases which I have had to treat. Both Esquirol and Gooch consider *local* safer than *general* bleeding. Burrows inclines to the same opinion.

After the force of the circulation has been reduced, the next indication is to evacuate the stomach and bowels, and restore the state of the secretions.* But this often

* The disease indeed sometimes entirely yields to a free discharge from the bowels of their accumulation of feces and vitiated secretions.

requires repeated purging, particularly with such purgatives as have an alterative effect on the secretions. For this purpose nothing is so useful as calomel or blue pill;—calomel sometimes in full purgative doses, or in doses of from five to eight grains at bed-time, followed next morning by castor-oil, compound infusion of senna, or rhubarb and magnesia mixture. It will be advisable generally, to combine the calomel with some preparation of opium, or if this have not a soothing influence on the nervous system, as is often the case, then to use in its stead extract of hyoscyamus or conium. If the strength of the patient be sufficient, the purging should be repeated until the bowels are entirely relieved of their accumulations, and the biliary and other secretions are restored to their natural and healthy state. When the patient is feeble, small doses of hydrarg. c. creta and blue pill, may be used in place of calomel. Neither of the mercurial preparations however, should be carried so far as to affect the system or cause ptyalism, for this might produce so much constitutional irritation, as to affect most unfavorably the nervous system. But I regard calomel and blue pill, particularly the latter, when cautiously exhibited as an alterative cathartic, as among the most valuable remedies in the treatment of this disease. I would not however, be understood to advise these remedies as a matter of course, because the patient has puerperal insanity, or as a specific; but to remove a disordered state of the stomach, liver and bowels, a condition which, so long as it exists, must have a most unfavorable influence on the nervous system. Mercurials in this way have been given to at least half of the patients for whom I have prescribed. But in a single case was mercury exhibited for the express purpose of causing ptyalism. This was a case in which the prognosis was most unfavorable from the beginning, and in which the patient died before the system was affected. It was given as a dernier resort.

After calomel and blue pill, the most useful cathartics perhaps, are compound infusion of senna, castor-oil, rhubarb and magnesia. Blue mass combined with colocynth, or colocynth and scammony to quicken its action, will be found a very useful cathartic. But I would by no means advise active and prolonged purging, particularly when the patient has been much exhausted, and when there exists irritation of the mucous membrane of the stomach and bowels, cathartics should be avoided, and enemata used instead.

Emetics have been much praised in the treatment of this disease by English and French physicians. Tartar emetic is given both to produce full vomiting and a nauseating effect. I have used it in both ways, but I can not say with as satisfactory results as many others. Tartar emetic is too violent and depressing a remedy for most cases of this disease. Yet there are some patients to whom it may be exhibited with great advantage; such as those who, without anything like gastritis, have great heat and dryness of skin, with a quick and hard pulse—those who are laboring under great nervous excitement, and those who are averse to taking medicines. Here antimony can be used most conveniently and with great effect. It can be exhibited in food and in drink, and by its means the most violent patients may be reduced from the most unmanageable to the most docile state.

After removing cerebral fullness or congestion, if such exist; and after emptying the stomach and bowels, and restoring the secretions, it will next be advisable to make use of such means as will soothe nervous irritation and invite sleep. Cold applications to the head, stimulating pediluvia and warm baths will have this effect, and may be used at the onset of the disease. So may what are strictly speaking, anodyne and anti-spasmodic remedies; but these must be exhibited with caution. The anodynes and anti-spasmodics most in use, are opium in some of

its forms, conium, hyoscyamus, camphor, bella-donna, lupuline, assafoetida, and valerian. In selecting the particular one for use, regard must be had, not only to the patients' symptoms, but to their idiosyncrasies. We should enquire how opium affects them, and if it usually affects them unfavorably, it should not be exhibited; but if we are informed that opium usually has a soothing, soporific effect, then it should be given freely if the patient has been long without sleep, and is in a state of morbid susceptibility. It is generally advisable to give it at first in a large dose, (two or three times the size of the usual dose.) In my experience *black drop* has been preferable to any other preparation. This has often appeared to me to quiet restlessness and to procure sleep when other preparations have failed. But the salts of morphia, opium in substance, laudanum and Dover's powders, may all be employed. Great heat and redness of the face and scalp, a full and hard pulse and contraction of the pupils, with symptoms of determination to the brain, contra-indicate the use of opiates. As a single symptom, perhaps no one points out more clearly the nature of the soporific to be employed, than the state of the pupil. If this be dilated, opium may be exhibited, if the other symptoms do not prohibit its use. If it be contracted, then one of those narcotics, the peculiar effect of which is to dilate the pupil, should be administered. As a general observation, perhaps no anodyne or narcotic has a more kindly influence in cases of puerperal mania, than a combination of camphor and hyoscyamus, given in doses of from *one to five* grains each of the gum and extract in the form of a pill—or the extract or tincture of hyoscyamus may be rubbed up with camphor julep, and the latter administered in doses of half to a whole drachm, three or four times in the course of twenty-four hours. Conium, lupuline, &c., may be given in the same manner with hyoscyamus. Assafoetida and valerian are particularly

useful when hysterical symptoms prevail. Whichever preparation of opium or whatever other sedative may be selected, should be given in sufficiently large doses (triple, quadruple, or more if necessary,) to subdue nervous excitement; and when the proper quantity to produce this effect has been ascertained, it should be repeated every 6, 8, 12 or 24 hours, as may be found requisite to control this leading symptom. And it is the experience of the writer, that when this result has been obtained, it is not necessary to increase the dose, but that the disease generally yields, so that the quantity may soon be diminished, or the remedy altogether withdrawn.

Warm Bathing.—The soothing influence of this remedy is sometimes very marked, while on the other hand its effect is occasionally unfavorable, particularly when there is much febrile excitement and determination to the brain. It is more particularly useful in the melancholic form of the malady when the extremities are cold. Under the former circumstances when there is much heat of the head, warm baths should never be employed without the simultaneous application of cold to the part. The temperature of the water and the time for keeping the patient immersed, must be regulated according to her strength and the effects of the bath,—from 94 to 98 Fahrenheit, and from ten minutes to half an hour or an hour. The frequency of repetition must also depend on the same circumstances. Baths may be given daily, or two or three times a week.

Wine.—Even in the acute stage of the disease, it is sometimes necessary to support the patient with stimulants. As before mentioned, there is a variety of puerperal insanity, in which the powers of nature are so much exhausted, that although the patient seems to be laboring under a cerebral inflammation or irritation that demands active depletion, nothing will so effectually control such symptoms, while it sustains and carries the pa-

tient through the disease, as wine. It operates much as it does in typhus fever—by lessening the frequency of the pulse, by acting on the skin, and by producing sound and refreshing sleep. Under such circumstances it is the best anodyne that can be given. These cases are not of frequent occurrence, but will every now and then be met with. They are characterised by a delirium so strongly marked, that the patient utters nothing connected or rational;—all her thoughts appear incoherent—there is almost constant motion of the hands and feet, but these movements are as unceasing and apparently useless, as the words uttered are disconnected and unmeaning. There exists a peculiar sunken and haggard expression of countenance—the eye becomes dull, and there is every indication of a most prostrate condition of the nervous system. The pulse is frequent, (from 110 to 150,) while the impulse of the heart is very feeble. As in typhus THIS is in truth one of the most favorable conditions for the exhibition of wine; but on the contrary, when the pulse is weak, while the impulse of the heart is at the same time strong, stimulants will be found useless, if not decidedly injurious. Besides the above symptoms indicating the use of wine, general typhoid symptoms sometimes supervene—which of course render the necessity for administering stimulants, greater.

Blisters.—In the acute stage of this disease, blisters, according to my experience, are seldom if ever advisable, particularly in persons of nervous, excitable temperaments. They are very apt to add to the already highly morbid nervous irritability. The same may be said of other methods of counter-irritation; though sinapisms and mustard pediluvia may be used in all the stages of the disease with advantage.

Thus much for the treatment of what may be called the acute stage. We will now consider the *chronic* stage. In this the patient is without febrile excitement, the skin

is cool, the pulse generally slow, or perhaps somewhat accelerated, the mind either in a state of melancholy or incoherent excitement, or perhaps so little disturbed as to be a subject for observation only to those most familiar with her. It is in this state that blisters and counter-irritants are most useful, particularly when the patient is in a state of apathy. Blisters may be applied to the back of the neck, to any portion of the upper spinal region, and to the extremities; though the precaution should be taken in that torpid state of the circulation which accompanies both the acute and chronic stage, not to apply them to the lower extremities, for they often cause tedious sloughing and sphacelus. Tartar emetic, ointment, or croton oil, to the region of the spine, to the bare scalp, or to the extremities, is often most efficacious. Setons are rarely called for in puerperal insanity.

But the most valuable classes of medicines in this stage, are tonics combined with sedatives or anodynes, bark, sulph. quinine, sulphate and carbonate of iron—particularly the two latter. The iodide and citrate of iron may also be employed. These medicines are most serviceable when the patient is pale and ex-sanguine, the circulation languid, the digestion weak, and the mind feeble or melancholy. Large doses are not advisable, but small ones continued for a length of time, are most useful. Thus I have found from five to ten grains of the carbonate, or $\frac{3}{4}$ to $1\frac{1}{2}$ grains of the sulphate sufficiently large; or one grain of the sulphate of quinine, combined with extract of hyoscyamus or some other sedative, may be given three or four times a day. Shower baths may also be employed in this stage. These should in general

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Kind of labour.	Continued under treatment.	Result.	Remarks.
ered by incuts.	Three m'ths.	Recovered.	
	Five m'ths.	Recovered.	
	Six weeks.	Improved.	Was prematurely removed by her friends: taken into the country, and died of a prevailing fever.
	One month.	Recovered.	Removed by friends prematurely; subsequently recovered.
atural.	One month.	Recovered.	
	Three weeks.	Recovered.	
	Four m'ths.	Discharged improved.	Was removed before she was entirely sane; has since recovered, it is supposed.
	Four m'ths.	Recovered.	Had amenorrhea and treated by tincture sen. comp.
	Six weeks.	Recovered.	
	Six days.	Removed.	Prematurely; she was cataleptic. It is not known if she recovered.
	Seven m'ths.	Recovered.	
	Six m'ths.	Recovered.	
	One month.	Removed.	Prematurely: not allowing time to observe the result of treatment.
	One month.	Recovered.	
	Four m'ths.	Recovered.	Suppression of milk followed derangement. She attempted suicide.
	Six m'ths.	Recovered.	Had a similar attack after birth of third child.
	One year.	Recovered.	After recovery, which was perfect, she said that almost two entire years while she was in a state of dementia, was "a blank in her existence."
	2½ m'ths.	Recovered.	
	Two m'ths.	Recovered.	
	Two m'ths.	Recovered.	
	Nine m'ths.	Improved.	Was taken home to have a large tumor removed and died ten days after, in consequence of the operation.
	Three m'ths.	Recovered.	
	Five m'ths.	Recovered.	

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Age. Number.	Which child.	Period of attack.	Predisposition.	Moral Causes.	Physical Causes.	Married or Single.	Milk and Lactation.	Form of Insanity.	Duration of Insanity when placed under treatment.	Treatment.	Deliv- lustr
1 21	1st.	10 days after parturition.	Hereditary.		Labour three weeks premature.	M.		Mania.	One month.	Emetics: antimonials: cathartics: warm baths: mental occupation.	Deliv- lustr
2 26	3d.	A few days after parturition.	Hereditary.		Exposure to cold.	M.		Monomania.	Five months.	Cathartics: emetics: counter-irritants: warm bath with cold applications on the head.	
3 20	1st.	2 or 3 days after parturition.	From injury of the head.			M.		Mania.	Twelve days.		
4 22		Two weeks after parturition.			Exposure to cold: suppuration of mamma.	M.		Mania.	Four weeks.		
5 43	9th.	10 weeks after labour, while nursing.				M.		Mania.	Two weeks.	Entire seclusion: laxatives: warm baths and tonics.	N
6 27		3 weeks after parturition.				M.		Mania.	Six months.	Active purging, and counter-irritation.	
7 20	1st.	Soon after parturition.		Shock at seeing her child with a hair lip.		M.		Monomania.	Two months.		
8 44		Immediately succeeding parturition.				M.		Mania.	Two months.		
9 21	1st.	Shortly after parturition.				M.		Mania.	Four weeks.	Tonics.	
10 25	1st.	2 or 3 d's after parturition.				M.		Dementia.	Three weeks.		
11 40	4th.	Soon after parturition.		Domestic affliction.		M.		Monomania.	2½ years.		
12 21	1st.	During lactation.			Preceded by inflammation & suppuration of the breasts.	M.		Mania.	Two months.	Counter-irritants; anodynes; tonics; generous diet.	
13 27	1st.	Soon after parturition.	Hereditary.			M.		Dementia.	Eight months.		
14 27	2d.	Soon after parturition.				M.		Mania.	Four weeks.		
15 27	1st.	2 or 3 days after parturition.	Hereditary.			M.		Monomania.	Four months.	Pil., aloes, comp.; active exercise.	
16 35	4th.	1 week after parturition.				M.		Mania.	A few weeks.		
17 29	4th.	2 or 3 d's after parturition.				M.		Dementia.	Thirteen months.	Iodine: shower baths: counter-irritants: emmenagogues.	
18 20	1st.	2 or 3 d's after parturition.				M.		Mania.	Two weeks.	Mercurial and other cathartics: antimony: counter-irritants.	
19 32	9th.	Some weeks after parturition.			Preceded by inflammation of the breasts.	M.		Mania.	Two months.	Purgatives: anodynes: warm baths.	
20 30		Soon after parturition.				M.		Monomania.	Ten weeks.	Warm bathing: emetics: tinct. sen., and hiera pica.	
21 38	3d.	Succeeded a still born child a 8 months.		Religious despondency.		M.		Monomania.	Two months.		
22 22	1st.	36 hours after delivery.		Domestic trouble.		M.		Mania.	Two weeks.	Alterative mercurial cathartics: pil.—aloes: comp.	
23 19	1st.	6 days after parturition.				M.		Mania.	One month.	Alterative cathartics: antimonials: warm baths.	

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	Three weeks.	Recovered.	
	Four m'ths.	Discharged improved.	Was removed before she was entirely sane; has since recovered, it is supposed.
	Four m'ths.	Recovered.	Had amenorrhoea and treated by tincture sen. comp.
	Six weeks.	Recovered.	
	Six days.	Removed.	Prematurely; she was cataleptic. It is not known if she recovered.
	Seven m'ths.	Recovered.	
	Six m'ths.	Recovered.	
	One month.	Removed.	Prematurely: not allowing time to observe the result of treatment.
	One month.	Recovered.	
	Four m'ths.	Recovered.	Suppression of milk followed derangement. She attempted suicide.
	Six m'ths.	Recovered.	Had a similar attack after birth of third child.
	One year.	Recovered.	After recovery, which was perfect, she said that almost two entire years while she was in a state of dementia, was "a blank in her existence."
	24 m'ths.	Recovered.	
	Two m'ths.	Recovered.	
	Two m'ths.	Recovered.	
	Nine m'ths.	Improved.	Was taken home to have a large tumor removed and died ten days after, in consequence of the operation.
	Three m'ths.	Recovered.	
	Five m'ths.	Recovered.	

Year	Month	Day	Event	Location	Remarks
1891	Jan	1
1891	Jan	2
1891	Jan	3
1891	Jan	4
1891	Jan	5
1891	Jan	6
1891	Jan	7
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1891	Jan	20
1891	Jan	21
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1891	Jan	24
1891	Jan	25
1891	Jan	26
1891	Jan	27
1891	Jan	28
1891	Jan	29
1891	Jan	30
1891	Jan	31
1891	Feb	1
1891	Feb	2
1891	Feb	3
1891	Feb	4
1891	Feb	5
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1891	Feb	7
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1891	Feb	10
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1891	Feb	23
1891	Feb	24
1891	Feb	25
1891	Feb	26
1891	Feb	27
1891	Feb	28
1891	Feb	29
1891	Feb	30
1891	Feb	31

Age Number.	Which child.	Period of attack.	Predisposition.	Moral Causes.	Physical Causes.	Manner of Onset.	Milk and Lactation.	Form of Insanity.	Duration of insanity when placed under treatment.	Treatment.	Kind of Insanity.
24	29	1st.	Twelve days after parturition.		Has been subject through life to periodical head-aches.	M.		Mania.	Five days.	Alteratives; cathartics; stimulants; tonics.	
25	27	2d.	1 month after parturition.			M.		Monomania.	2 or 3 months.		
26		2d.	6 weeks after parturition.	None.	Exposure to cold.	M.	Free secretion of milk.	Mania.	19 days.	Antimonial solution and cathartics.	Natural.
27	33	1st.	Right after parturition.	Hereditary.		M.	Suckled her child until within 3 mths.	Monomania.	Ten months.	Warm baths; laxatives.	Natural.
28	41	9th.	Middle of pregnancy.	None.	Pulse 90.	M.		Monomania.	Four weeks.	Blisters to extremities; infusion of valerian.	
29	40	5th.	During lactation, 15 mths after parturition.	Great nervous susceptibility.	Pulse normal.	M.		Monomania.	A few weeks.	Pil.; colocynth; mist. rhei. & nng.; ung.; ant. tart.; solution antimony; hyoscyamus, &c.	
30	28	4th.	During pregnancy.	Hereditary and 2d. attack of insanity.	None.	M.	Has not nursed her child.	Dementia.	Three months.	Emetics; cathartics; warm baths; tart. emet. oint. to spine; carb. iron.	
31	40	7th.	3 days after parturition.	None.	None.	M.	No lochial discharge. Secretion of milk checked before she became insane.	Lypemania.	Three months.	Laxatives; warm baths; sulph. quinine.	Supposed Natural.
32	31	2d.	1 day after parturition.	Strong; having had one or two attacks of insanity.	Death of Father.	M.	Exposure to wet and cold; pulse 112 to '16	Monomania.	2 or 3 weeks.	Antimonial solut.; warm baths; blue pil.; eccoprotics; cal. squills and digitales; pil.; aloes and myrrh.	Supposed Natural.
33	24	4th.	3 days after parturition.	None.	Pulse 130 to 92, &c.	M.	Lochia believed to be checked; milk freely secreted.	Mania.	One week.	Cathar. of calomel, followed by oil and sen.; mustard; pediluvia; antimony solut.; wine; morph; arrow root; warm baths; occasional alteratives; wine whey; camphor; conium; tart. emet. oint. to spine; pil.; aloes and myrrh; tinct. hiera picra and senna; shower baths.	Supposed Natural.
34	22	1st.	9 days after parturition.	A sister insane and recovered; hereditary.	None.	M.	Secretion of milk suddenly ceased before she became insane; lochia scanty.	Mania.	Five days.	V. S., ice to head; warm baths; alterative doses of cal., followed by cathartics.	Natural.
35	29	4th.	2 months after parturition.	Supposed family predisposition; sister insane.	None.	M.	Free and continued secretion of milk until she came to the Asylum.	Mania.	Ten days.	Solut. antimony; opium; warm baths; small doses of calomel and eccoprotics; pil.; hydrg. and extract taraxacum; infusion valerian, &c.	Supposed Natural.
36	24	1st.	2 weeks after parturition.	None.	Pulse 115.	M.	Free and continued secretion of milk until sent away from her child; lochia as usual.	Mania.	Four weeks.	Calomel and eccoprotics; warm baths; antim. solut.; tart. emet. oint. to spine; cal. and oil repeated; pil.; sulph. iron and iuc.	Natural.
37	25	2d.	Soon after parturition.	Previous to confinement, troubled with watchfulness and irritability.	None.	M.	Secretion of milk checked before she became insane.	Lypemania.	2 or 3 months.	Pil.; hydrg.; pediluvia; eccoprotics; c. c. temps.; tinct. val. assaf. and lav.; pills; iron; hoscium and val.; pil. sulph. iron; guaiac and aloes.	Natural.
38	20	2d.	2 months after parturition.		Pulse normal.	M.	Secretion of milk free, and continued until she purposely ceased to nurse her child.	Monomania.	Four months.	Pil. sulph. iron; guaiac and aloes; c. c. temps.; hot pediluvia; and ice water to head.	Natural.
39	22	1st.	2 days after parturition.	None.	Pulse 68 to 120; generally rising 100.	M.	Lochia regular; secretion of milk, though supposed to be scanty.	Mania.	One month.	Mustard pediluvia; infus. senna, c. blue pil.; c. c. temps.; val. and assaf.; ext. conium; pil. aloes; blue mass; carb. iron and con.; camph. mixture; ext. hyoscyam; blisters to ankles.	Natural.

Continued under treatment.	Result.	Remarks.
twelve weeks.	Recovered.	
Two m'ths.	Recovered.	Attempted infanticide.
Six weeks.	Recovered.	
	Improved.	
even weeks.	Recovered.	
Nine m'ths.	Recovered.	
	Recovered.	
Two m'ths.	Died.	Refused nourishment and was fed by means of the stomach pump during most of the time she was in the Asylum.
Four m'ths.	Recovered.	Within 24 hours after parturition, got up out of bed, took off her bandages and washed herself in cold water; had anasarca.
Six m'ths.	Recovered.	Three days after confinement, got up at midnight and went down to the yard; after that period her insanity daily increased.
24 m'ths.	Recovered.	For three months before confinement, had not a natural night's rest, but was otherwise well. First symptoms of insanity getting up and taking off bandages.
Seven weeks.	Recovered.	
Ten m'ths.	Recovered.	Two weeks previous to confinement, had cephalalgia, and two convulsions.
Three m'ths.	Suicide.	She had so far improved that a day was fixed for her return home. It seemed that it was in anticipation of this change she destroyed herself. It appears that she had attempted the destruction of one or both her children previously to being sent to the Asylum.
24 m'ths.	Recovered.	
Seven m'ths.	Recovered.	

Kind of labour.	Treatment.	Duration of insanity when placed under treatment.	Form of Insanity.	Milk and Lochia.	Married or Single.	Physical Causes.	Moral Causes.	Predisposition.	Period of attack.	Which child.	Age.	Number.
Instrumental (forceps)	Blue pil. and cal., followed by oil and sen.; solut. of antimony; blisters to ankles; pil. aloes and blue mass.	One week.	Mania.	Lochia scanty; secretion of milk copious, but the child did not take the breasts.	M.	Pulse 125.			Three days after parturition.	1st.	24	10
	Blue pill: assafetida.	Four months.	Monomania.		M.			None.	3 m'ths. after parturition, during lactation.	3d.	23	41
Natural.	Solution antimony: infusion sen.; c.: camphor mixture.	Two months.	Monomania.	Lochia regular; secretion of milk free, but became checked after the occurrence of insanity.	M.	Pulse 95 to 104.		Hereditary.	Two weeks after parturition.	4th.	26	42
	Cal. in cathartic doses: sen. infus.: blisters to ankles and spine: ant. solut.: c. c. temps.; shower baths; pill aloes; c.	Four months.	Lypemania.	Child weaned two m'ths after development of insanity.	M.	Pulse natural in frequency.	None.	None.	9 m'ths after parturition & during lactation.	1st.	23	43
Natural.	Pil.: colocynth: c. and mag.; sulph. solut. antim.: warm baths; c. c. temps.; oint. ant. tart. to spine; ice-water to head; mustard pediluvia; shower bath; pill aloes and myrrh: seton.	Two weeks.	Mania.	Lochia as usual: secretion of milk free. Nursed her child until she became insane.	M.			None.	4 weeks after parturition.	6th.	28	44
Natural.	V. S.; leeching; purging; blisters to thighs; spts. minder; cal. and oil; pediluvia; tart. ant. and ipecac; pill aloes and myrrh: warm baths.	Two weeks.	Mania.	Lochia as usual: milk freely secreted; nursed her child 2 or 3 days after her insanity.	M.	The use of gin soon after labour. Pulse 95 to 115.		None.	Two days after parturition.	1st.	21	45
Natural.	Cal.: cathartics; eccoprotics; blue pills; valerian infus.	Five days.	Monomania.	Lochia as usual; milk properly secreted.	M.	Pulse 120.		Hereditary: insane once before, after last confinement: an aunt insane.	8 days after parturition.	7th.	26	46
Natural.	Gr. iv. doses of calomel, followed by oil and eccoprotics: warm baths; small doses of cal. to cause ptialism; wine and arrow root.	One week.	Mania.	Lochia as usual; milk plentiful; nursed her child until after she became insane; menstruated while nursing.	M.	Pulse 120.	Loss of mother two w'ks before confinement.		4 months after parturition.	1st.	29	47
Natural a months pregnancy.	Morphine: laxatives; warm baths: tart. emetic ointment.	Ten days.	Monomania.	Lochia as usual; milk plentiful; nursed her child until six weeks old.	M.		Religious differences with her husband.		6 weeks after parturition.	1st.	25	48
Natural.	C. c. temps.; pill aloes & myrrh; warm baths; carb. iron, and ex. con.; infus. valer.	Ten weeks.	Monomania.	Lochia as usual, milk freely secreted.	M.	From restlessness of fingers pulse co'd not be felt.	Loss of oldest child 3 w'ks before birth of 2d.	Hereditary, her brother had been insane and recovered.	4 days after parturition.	1st.	22	49
Natural.	Pil.: carb. iron; aloes and galbanum.	Ten weeks.	Monomania.	Lochia as usual; secretion of milk checked after she became deranged.	M.				3 or 4 weeks after parturition.	2d.	19	50
Natural.		3 1/2 months.	Monomania.	Lochia as usual; milk freely secreted, but was checked after her derangement.	M.				1 month after parturition.	2d.	26	51
Tedious.	Leeches to thighs and repeated; cold to head; blisters to extremities; cal. and ant.; conium.	Put under treatment immediately.	Mania.	Lochia at first, but checked by her getting up and attempting to jump out of a window; no milk.	M.	Pulse 130.		Hereditary.	During labour.	4th.	28	52

Year	Month	Day	Time	Place	Event	Remarks
1911	Jan	1	10:00	St. Paul	Arrived	From New York
1911	Jan	2	10:00	St. Paul	Departed	For Chicago
1911	Jan	3	10:00	Chicago	Arrived	From St. Paul
1911	Jan	4	10:00	Chicago	Departed	For New York
1911	Jan	5	10:00	New York	Arrived	From Chicago
1911	Jan	6	10:00	New York	Departed	For St. Paul
1911	Jan	7	10:00	St. Paul	Arrived	From New York
1911	Jan	8	10:00	St. Paul	Departed	For Chicago
1911	Jan	9	10:00	Chicago	Arrived	From St. Paul
1911	Jan	10	10:00	Chicago	Departed	For New York
1911	Jan	11	10:00	New York	Arrived	From Chicago
1911	Jan	12	10:00	New York	Departed	For St. Paul
1911	Jan	13	10:00	St. Paul	Arrived	From New York
1911	Jan	14	10:00	St. Paul	Departed	For Chicago
1911	Jan	15	10:00	Chicago	Arrived	From St. Paul
1911	Jan	16	10:00	Chicago	Departed	For New York
1911	Jan	17	10:00	New York	Arrived	From Chicago
1911	Jan	18	10:00	New York	Departed	For St. Paul
1911	Jan	19	10:00	St. Paul	Arrived	From New York
1911	Jan	20	10:00	St. Paul	Departed	For Chicago
1911	Jan	21	10:00	Chicago	Arrived	From St. Paul
1911	Jan	22	10:00	Chicago	Departed	For New York
1911	Jan	23	10:00	New York	Arrived	From Chicago
1911	Jan	24	10:00	New York	Departed	For St. Paul
1911	Jan	25	10:00	St. Paul	Arrived	From New York
1911	Jan	26	10:00	St. Paul	Departed	For Chicago
1911	Jan	27	10:00	Chicago	Arrived	From St. Paul
1911	Jan	28	10:00	Chicago	Departed	For New York
1911	Jan	29	10:00	New York	Arrived	From Chicago
1911	Jan	30	10:00	New York	Departed	For St. Paul
1911	Jan	31	10:00	St. Paul	Arrived	From New York

	Continued under treatment.	Result.	Remarks.
m-)	Three m'ths.	Recovered.	
	Five m'ths.	Recovered.	
	Two m'ths.	Recovered.	After returning home and continuing well for a period, committed suicide. Her mother also committed suicide while laboring under puerperal melancholy.
	One year.	Recovered.	
	Six m'ths.	Recovered.	
	2½ m'ths.	Recovered.	
	Seven weeks.	Recovered.	
	18 days.	Removed home.	Removed home by friends and died five or six days after. No pyralism or constitutional effect from calomel.
17 g-	Two m'ths.	Recovered.	
	Three m'ths.	Recovered.	
	Three m'ths.	Recovered.	
	Four m'ths.	Recovered.	
	One month.		After being treated at home for about a month, with some improvement, was sent to the Asylum, where she continued for two or three years without further amelioration. It is not known whether she subsequently recovered.

Number.	Age.	Which child.	Period of attack.	Predisposition.	Moral Causes.	Physical Causes.	Single or Married.	Milk and Lochia.	Form of Insanity.	Duration of Insanity when placed under treatment.	Treatment.	Result.
53	20	2d.	5th or 6th month after pregnancy.	Hereditary: her father insane.		Pulse sixty and feeble.	M.	Milk and lochia quite natural.	Monomania.	3 or 4 months.	Blue pill with ipecac and ex. hyoscin: aperients; mustard pediluvia; wine whey.	Natural.
54	25	1st.	Five days after parturition.			Pulse natural.	M.	Lochia, tho' not copious; milk freely secreted.	Mania.	Three months.	Leeches to thighs; tinct. sen. and hiera pica.	Natural.
55	29	4th.	During lactation.			Pulse natural as to frequency; feeble.	M.	As usual.	Monomania.	Five weeks.	Weaning; generous diet; laxatives.	Natural.
56	20	1st.	6 months after parturition	Hereditary: constitutional; having been insane previous to marriage.		Pulse feeble; natural as to frequency.	M.	Both as usual, — nursed her child until after derangement.	Monomania.	Two weeks.	Warm baths: pil. aloes comp.: pills blue mass and colocynth.	Natural.
57	35	3d.	3 or 4 months after parturition.			Pulse natural.	M.	As usual.	Monomania.	2 or 3 months.	Blue pill: sulph. iron, and ext. conil: mist. carb. iron and morphine.	Natural.
58	35	6th.	Ten months after parturition.		Anxiety about domestic affairs.	Pulse 130 to 150.	M.	Nursed her child until taken ill.	Mania.	One week.		Natural.
59	30	1st.	During lactation, 10 m'ths after parturition.		Death of husband six m'ths ago.	Pulse 130.	M.	Nursed child until she became deranged.	Mania.	One week.	V. S. antimony: bellad: blisters: ice to head: camph. and hyoscin: wine whey: wine: brandy: chicken broth: carb. ammonia.	Natural.
60	30	3d.	During pregnancy.	From former attack.	Loss of children.		M.		Monomania.	Two months.	V. S. and cupping.	Natural.
61	23	1st.	2 or 3 weeks after parturition.		None.	Natural.	M.	Lochia scanty, and ceased after 10 days: no milk.	Mania.	7 1/2 months.	Shower baths: oint. ant. tart.: issue: tinct. conil and hyoscin: blue pill and sulph. magnes.: pil. aloes.	Tedious: days; in ment; pation of head, &c
62	21	1st.	6 m'ths. after parturition.		None.	Pulse slow and small.	M.	Nursed her child until she became deranged.	Monomania.	Four months.	Cathartics: blue pills: leeches: tart. emet. oint.: pill sulph. iron & aloes.	Natural.
63	35	1st.	1 week after parturition.	From a former slight attack when young, but nothing hereditary.	Fright from convulsion of infant when 4 or 5 days old.	Pulse 115 to 120.	M.	No milk: lochia plentiful.	Mania.	Three weeks.	Blue pill: pil colocynth: mist. rhub. and magnes.: tinct. hyoscin: infus. gent. compound.	Natural.
64	23	1st.	Three m'ths after parturition.	Hereditary: her mother was slightly and temporarily deranged.		Pulse 80 & soft.	M.	Nursed her child until she became insane.	Mania.	Two weeks.	V. S. without relief, followed by blue pill and aperients: ext. hyos.: sulph. iron: cold bathing: counter-irritation by tart. emet. oint.	Natural.
65	41	10th	2 m'ths after child-birth.	Decided. Her sister and other relatives insane.	None.	Pulse not frequent except when excited.	M.	Natural.	Mania.	One week.	Weaning: blue pill: ext. hyoscin: laxatives: antimony: opium: tinct. hyoscin.	Natural.
66	23	3d.	9 days after confinement.		None.	Pulse 130 to 140.	M.	Both natural.	Mania.	One week.	Blue pill and laxatives: tinct. hyosci.:—opened both breasts which suppurated and discharged freely:—wine: oint. ant.: tart. warm b'ths: digitalis: pill sulph. iron and soda, and pills of sulph. iron and gentian.	Natural.

Kind of Ins.	Continued under treatment.	Result.	Remarks.
ral.	Two m'ths.	Recovered.	
ral.	1½ m'ths.	Recovered.	Had seven or eight miscarriages before giving birth to a living child.
ral.	3 or 4 m'ths.	Recovered.	Had three attacks of insanity before; two of these after child-birth.
ral.	Three m'ths.	Recovered.	
ral.	4 or 5 m'ths.	Recovered.	
ral.	Two m'ths.	Recovered.	
ral.	10 days.	Died.	
d.			Result unknown.
3 or 4 m'ths.	Nine m'ths.	Much improved, but not entirely restored; returned home & when last heard from, pregnant.	
d.	Two m'ths.	Recovered.	
l.	Two m'ths.	Recovered.	
l.	Three m'ths.	Recovered.	
l.	Four weeks.	Recovered.	Third attack of insanity; the first took place after the death of two children by scarlet fever. The 2d about 8 years ago and 5 m'ths after child-birth, during lactation, when reduced by a low diet.
.	Seven m'ths.	Recovered.	

Date	Description	Particulars	Amount	Balance	Total	Remarks
1890	Jan 1	Balance	100.00			
	Feb 1	...	...	...	...
	Mar 1	...	...	...	...
	Apr 1	...	...	...	...
	May 1	...	...	...	...
	Jun 1	...	...	...	...
	Jul 1	...	...	...	...
	Aug 1	...	...	...	...
	Sep 1	...	...	...	...
	Oct 1	...	...	...	...
	Nov 1	...	...	...	...
	Dec 1	...	...	...	...
1891	Jan 1	...	...	...	...
	Feb 1	...	...	...	...
	Mar 1	...	...	...	...
	Apr 1	...	...	...	...
	May 1	...	...	...	...
	Jun 1	...	...	...	...
	Jul 1	...	...	...	...
	Aug 1	...	...	...	...
	Sep 1	...	...	...	...
	Oct 1	...	...	...	...
	Nov 1	...	...	...	...
	Dec 1	...	...	...	...
1892	Jan 1	...	...	...	...
	Feb 1	...	...	...	...
	Mar 1	...	...	...	...
	Apr 1	...	...	...	...
	May 1	...	...	...	...
	Jun 1	...	...	...	...
	Jul 1	...	...	...	...
	Aug 1	...	...	...	...
	Sep 1	...	...	...	...
	Oct 1	...	...	...	...
	Nov 1	...	...	...	...
	Dec 1	...	...	...	...
1893	Jan 1	...	...	...	...
	Feb 1	...	...	...	...
	Mar 1	...	...	...	...
	Apr 1	...	...	...	...
	May 1	...	...	...	...
	Jun 1	...	...	...	...
	Jul 1	...	...	...	...
	Aug 1	...	...	...	...
	Sep 1	...	...	...	...
	Oct 1	...	...	...	...
	Nov 1	...	...	...	...
	Dec 1	...	...	...	...

be light, the water made to pass through small openings, and its fall inconsiderable; otherwise the shock will be too great, and the patient will not take the baths regularly.

Emmenagogues may be used with advantage in a considerable proportion of the cases of puerperal insanity; though it often happens that the mind of the patient is entirely restored, while the menses remain quite suppressed. Whatever contributes to improve the general health, goes to re-establish the menses; but after the former has been restored, it often becomes necessary to use means for the re-establishment of the catamenia. Aloes in some form or combination is the most useful of these and may be given in the form of pills with myrrh, &c., or in tincture with *hiera picra*. Hip baths and hot pediluvia, may also be employed at the expected periods.

Horse-back exercise and tonics may also be used with good effect. If the mind however be restored, we need not be so anxious for the return of the menses; for this result will generally, sooner or later, follow without the use of remedies.

When insanity occurs during gestation, we may suspect a strong predisposition, and should not look for a restoration of the patient's mind before delivery, though I have known recovery to take place months before this period. Under these circumstances, active medical treatment is of course both impracticable and unsafe. Our remedial efforts must be chiefly hygienic;—we must examine closely into the physical condition of the patient, and if there be found any sources of irritation or diseased action connected with pregnancy, these must be as far as possible removed. Congestion or increased vascular action of the brain, may be treated by blood-letting, either local or general, with better promise of success perhaps, than in other forms of insanity. Constipation of the bowels must be obviated. If insanity have arisen from accidental circumstances, having no connec-

tion with pregnancy, these must be removed. Change of scene, and a general observance of the laws of hygiene will be requisite. Much attention should be paid to the diet and exercise of the patient under these circumstances; and if she can be persuaded to follow any rules on these subjects, they will do more to carry her through the period of gestation, than any medicines she can take.

When insanity occurs during *lactation* and seems to depend on it, the first step to be taken in its treatment, will be to wean the child. The appearance of the patient generally points out the necessity for this course. She will be observed to be pale and emaciated, with a feeble pulse, cool surface and a demented or melancholy cast of countenance. Change of air and scene will also be of great service. Tonics, iron, bark, bitter infusions, wine, generous diet, are especially indicated in this particular variety of derangement, and will seldom fail to restore both the mental and bodily health of the patient.

In cases of puerperal insanity, the important question will almost always arise—shall the patient be removed from the bosom of her family, when there exist many circumstances unfavorable to her recovery, and shall she be placed in seclusion? The same general rules should guide our judgment in these, as in other cases of mental alienation, but with greater reserve; for this is a disease of shorter duration, and often terminates favorably in a few weeks;—while on the other hand, it is sometimes fatal in a few days. Besides, it seems to be a greater violation of the sympathies to separate a female under these circumstances from the strongest tie in nature—that which binds a mother to her offspring. In a great majority of cases however, such a course is absolutely necessary, not only for the recovery of the mother, but also for the well-being of the child.

In conclusion, I can not submit the facts and reasonings

contained in this essay, without distrust. I am induced however, to give them publicity, by the consideration that the attention of physicians may thereby be more pointedly directed to this subject. The extensive field of enquiry offered by our large public institutions, will enable their physicians to collect a mass of facts which will serve to elucidate this interesting subject.

The substance of this article, was delivered by the writer in a course of lectures on Insanity, at the College of Physicians and Surgeons of New York, in 1842-3, and some of the cases embraced in it, were published in the New York Medical Journal.

ARTICLE III.

A LEAF FROM AND FOR THE ANNALS OF INSANITY:

BY PLINY EARLE, M. D.,

Physician to the Bloomingdale Asylum for the Insane.

Upon becoming connected with the Bloomingdale Asylum, in the spring of 1844, I found among the patients, a negro whom I believe worthy of commemoration, for the purpose of showing how very insane, deluded, and incoherent a person may be, and yet retain good judgment, high principles of integrity and honor, ability of application to manual labor, and the power not of judicious self-government alone, but of exercising a kind, wise, and wholesome control over others.

His false ideas, his incoherence, the complete *bouleversement*, or entire overthrow of some of his mental faculties, will be exhibited in his own words; his other qualities, physical, intellectual and moral, must be recorded in the language of his historians.

He was apparently about twenty-five years of age;

his muscular system well developed; his general health perfectly good. Of an active and energetic temperament, he was disposed to industry, and ever ready to render himself useful.

Rendered efficient as these qualities were by a native ingenuity that enabled their possessor to apply himself to various species of manual employment, and by an accuracy of discrimination, and a perfection of judgment, by which everything that he undertook was well accomplished, it will not be considered remarkable, by those who are acquainted with the management of a public institution, that his services were frequently called into requisition.

Being in the hall occupied by the class of patients most difficult to govern, his assistance was often invoked by the attendant, and was always rendered with efficiency, but with calmness, moderation, and kindness. Indeed, his power of moral control, sometimes exceeded that of the attendant.

Nor was his usefulness restricted to labor within doors. He had the liberty of the premises, and was employed in many of the "thousand and one" miscellaneous duties involved in the management of a large establishment. Hence, he became a self-constituted *major domo*; claimed the Asylum as his property, and was known by no other appellation than that of "General."

He was permitted upon parole, to go to the neighboring villages upon errands, and to the adjacent rivers to catch fish, a recreation in which he took a delight, that would have illuminated by mere sympathy, the countenance of the Prince of Anglers,—renowned Jack Walton.

So long as I knew him, he never forfeited a pledge, but was invariably true, as well as punctual in the performance of whatsoever he might have promised. Nor be this alone said of him. He considered his *word* so sacred, that if the slightest doubt of his faithfulness to

it were insinuated or implied, he was as truly and completely mortified and humbled, his self-respect as much wounded, as if he had been educated in the very hot-house of the principles of honor, and yet without the anger and the disposition to avenge, which in the latter case would have been but too liable to occur.

He talked much, and as will hereafter be perceived, with sufficient incoherence. When addressed, he was always prepared with an answer. On what subject soever he might be questioned, the response was ready the moment the query was fully propounded.

On the morning of the day upon which he left the Asylum, I sent for him to come to my room, where the following dialogue occurred, and was written down as it was spoken:—

Physician.—What is your name?

Patient.—My name is Judge Hamilton Hambleton Hambleton. I am mayor of the city, and my father was Judge and Sheriff Hambleton, Agrippa, King of Damas-ker, and he gave me this house.

Physician.—Where were you born?

Patient.—I was not born; I grew in Deevah Foolah, in the furthest part of the South Fenterie. All the people there is Irish, and all the children is Spanish. I grew on to Maraziana, where I was planted again. Then I grew to Morypalet, and lived in the city of Calvary a thousand years, and more too, off and on, for I was sometimes in England. I am General to the Heather-ens, State of Big Ranger, in Regyptia.

Physician.—How old are you?

Patient.—I'm a Thusalem nation years old. I am in the United States of Reguzza. My home is in Bandanna, in Galgotha. If I should lose that, I should never have another. Massachusetts is in Galgotha, and so is China, and Boston and Pennsylvania. Baltimore is a diamond State. I go to steal Delaware, opposite Jerusalem. Je-

rusalem is a gold nation, and Delaware is not. It is in sight of Jericho, and Judea is a thousand miles south.

Physician.—Did you have any brothers?

Patient.—Yes: I've got a thousand. One named Mr. Horton, one Mr. Ludlow, one Forum, one Mr. Porter, Mr. Leisure, Mr. Nyer; and I have six aunts. That was my aunt walking with me in the city. In the old country they wear large frocks, but in this country they dress in trowsers. But now I'll tell you some more names. Mr. Polan, Mr. Tangle, Mr. Baldwin, Mr. Benham, and Mr. Turner; that's all. All them are Presidents and Generals; big men, as big as from here to Borrow; big-bellied men. There's a big-bellied man in Philadelphia, and another in Baltimore.

Physician.—Have you learned any trade?

Patient.—Yes: I'm a forgerman, a ship-carpenter; that's what I follow most; a plattender—to make plates—china of all kinds—gold tumblers and gold wires; a tanner, a burn-smith, and gold-smith, and a shoemaker.

Physician.—Have you any property?

Patient.—Yes: I own all this property I'm on, every bit of it. The city is mine, and I own all the Jersey shore, Massachusetts and Boston, Pennsylvania and New Jersey.

Physician.—Have you any money?

Patient.—Yes: I have money enough.

Physician.—How much?

Patient.—My house is full of money; and all the money in the Banks is mine. I'm a Belgian, and the Cashier of the Bank.

Physician.—How many dollars worth of money have you?

Patient.—Thusalem, thusalem states of dollars: that money I'm worth. I'm a laborer; I've got arms in the forqus skies,—in the forqus regions.

Physician.—That's all nonsense.

Patient.—It isn't nonsense. I'm a General. I've got to stand all the fighting, all the gouging, and all the wars. I've been in a hundred thousand ninety-nine battles; and separate devils makes a hundred million of battles, and more too. I brought twelve women when I came here.

Physician.—Are you married?

Patient.—Yes: lawfully married by law; the Priest married me in the city, Mr. Consher. I have in this country nine wives, and in my own country, five Almightyes, and fifty thousand other wives; that's all.

Physician.—You're trying to make a fool of me.

Patient.—No: that's the truth; that's a fact; you may go there and see, when I go home; the expenses won't cost you nothing, because I'll allow it to you free. I'm fifty nations of land. I'm Liberator, Alabroma, Luzherbesh, Rosanna and Regina. I'm a Maber. I make women all day, seventy thusalem women. After that I'm the Son of Man, and the Son of Saviour; that's all I be in this land. Christ is a brother to me, he lives over in Pennsylvania.

Physician.—What do you expect to do when you leave this place?

Patient.—I'm going into Jersey shore and going to be drowned, take a new frame, a white man, a large, big lord, and then I'm going home and have that Island across the river, sent to Massachusetts, into the Island of St. Gorah. Soon as I'm in Jersey, I'm at home. Everybody there halloes "Hurrah for General Hambleton!" when I go over there. I'm a traveller and have a big-headed cane, to go to Boston. That's my country, and I'll live there if I please; but I don't want to. I want to hurry on and get to Dublin city, then I'm going to Jericho, and may be I'll stop there awhile, I don't know. I have an Asylum in Jericho. It is locked up though; nobody lives in it; it's in sight of the city. If I stop there, it will be to save God Almighty. He was imprisoned in the jail

there, and after he was liberated he was sent to the Asylum, to sail vessels. He gave the Asylum to me, and counties, states, and judgments of money. He gave me some rivers of money, and a thousand states of money, every day, to sail four vessels for him, and to take care of seven hundred women and one God, and he to pay all the debts and all the clerks of the Asylum. He pays them counties of dollars a month. I have three years to sail for him, and he is to see that we clear a hundred states of money a day. We can clear that easy enough. I've cleared that by my Asylum.

Physician.—How are you to take care of the Asylum if you are sailing?

Patient.—I am to leave somebody I can trust. I only want one to sit and keep the books, and one woman—the woman I've got; her name is Miss Baldwin—that's the house-keeper—she's a white-haired woman—grey-haired woman, ten foot high; the tallest woman I've seen in some time. She's over in Jersey, only about forty miles from the shore. I shall have a hundred nurses. I've seen them all; they're good looking people. The patients all lisp, like the French. God Almighty wants them broke of this, and Miss Nigrish is going to do it. She's a short, hump-backed woman; she's been here—was here last fall. Dr. Minet is to be the first Doctor. I shall have four Doctors. It's a very big house—will hold fifty thousand; that's the big part will hold so many. It has a steeple on it. The little part will hold a hundred; the next little part a hundred; the next fifty, the next forty; that's all. You may be one Doctor if you've a mind to. We don't allow any man to sleep in the Asylum. We have a big Hotel and Bank. It's a little town, twenty-four miles round; a wall running round, twelve feet high, and more too, with iron pickets on the top, as big as your arm. The men will all sleep at the Hotel.

Physician.—I think your plan is a good one.

Patient.—I guess 'tis; I have a large farm and a large barn, fields, stables, peach orchard of twelve miles of peaches, two miles of cherries, ten miles of apples, twenty miles of pears; big pears, don't get ripe till very late,—blue-bell pears, big round as your fist, most as big round as your head. There's a good blacksmith shop, goldsmith's shop, and carpenter's shop; that's all the shops there is. There's a cabinet shop, but we don't use it; the man is dead that used to make bedsteads and bureaus. His name was Feenly; he died of the Cholera. He got sick in the morning, eating cabbage. He stole his wife's cabbage and eat it, and it killed him. He is buried in the Asylum; he's the only one buried there.

Physician.—Shall you use tranquilizing chairs and straps on your violent patients?

Patient.—No: nothing but the hard bed. Give them a hard room, nothing kept in it, and they never will do anything wrong again.

Physician.—Shall you spend your life at that Asylum?

Patient.—No: I shall stay about three years, and then go away. I'm going to Bandanna then; that's my home, all my family live there; I'm going to stay at home then. I shall be a rich man, a Maker.

I have a country Asylum at Jericho, but there's nothing in it; can't keep anything in it; it has been haunted ever since it was built. I don't know what makes it haunted. It's a white one, and has a hundred doors in it. I slept in it one night, and I got all but tore up. I had an old quilt on the bed, and it got torn all up. I got up and went out doors to see what ail'd the house; went top of the house, I did, but I didn't hear anything only the wind blowing, and the doors slamming with a sound "*wham, wham, wham.*" In the morning I see a little boy sitting in the door, and he said, "you must never sleep here again, for you'll be torn up. There's never any man slept in it." Then I gave it to Mr. B——, if he would sleep in it one

night. He tried it, but he could'nt sleep, and came back all in his shirt-tail. Now I'll give it to any man that will take it; he's welcome to it.

(Remark.)—You must have dreamed all this.

Patient.—No: I never dream't it in my life.

Physician.—What do you dream?

Patient.—I don't dream nothing but Generalship. I dreamed last night, three large frigates, and three captains,—Captain Jewel, Captain Tacker, and Captain Boker. The mate's name is Mr. Seek; the next mate Mr. Carco, and the next, Mr. Dinner. Mr. Dinner gained the day. I was dreaming to whip General Wine, and I whipped him.

Physician.—Did you dream nothing more?

Patient.—No: there was plenty of money on board the ships; one hundred chests of money. I'm a dumb man, named Foorsh, when I am dreaming. All the Hambletons are dumb men.

Physician.—You told me once that you were a diamond gallows. What did you mean by that?

Patient.—Why, I'm the gallows what hangs people, you know. Supposing a man had to be hung, they come to the waters of wine, then go to the Mayor, and I go and find the gallows.

ARTICLE IV.

HOMICIDES—SUICIDES, &c.,—BY THE INSANE.

The following instances of Homicides, Suicides, and Incendiary acts by the Insane, may be of some service, when thus collected together. They have been selected from various recent newspapers, and may serve in the first place, to awaken attention to the importance of care-

fully watching and guarding the Insane who are at large, as in several instances, it will be noticed that the insanity was known to exist before the commission of the act. This is particularly true as regards the numerous suicides of which we read.

Secondly. This collection may be of use, to establish the fact, that in some instances, there is no evidence of insanity, previous to the homicidal act, though the circumstances under which it was committed, and the subsequent conduct most clearly show that it was solely the result of the most deplorable derangement of mind.

Thirdly. It may serve to make known the fact, that the amount of property destroyed by the insane, by burning buildings, &c., is very great, and probably equals what it would cost to provide safe and comfortable asylums for them, and that therefore, irrespective of any special benefit to the insane themselves, it will be wise economy to thus provide for them.

INSANITY.—An insane man by the name of Samuel Putz, of Norristown, Pa., in a temporary fit of insanity, locked up his whole family in a room, threatening them with death if they attempted to leave. A young man named Johnson coming in at the time, Putz rushed upon him with a naked knife and stabbed him in the abdomen, of which wound he died in 24 hours.—*N. Y. Sun.*

DREADFUL EFFECT OF INSANITY.—The Bowling Green Gazette of the 8th says:

Jacob G. Drake, of this county, who for several days previously was seen to be deeply despondent and distressed on account of his family, his debts, and his destitution, on Sunday last, in a fit of derangement, killed his little child, and, with a piece of plank, bruised, mangled, and, as was at first supposed, killed his wife. Her skull was broke, and many severe wounds inflicted upon her head; and then he attempted to kill himself with an

old case-knife, cutting his throat from ear to ear. He is still living, and his wife may perhaps recover.

Mrs. Machelfresch, of Rossville, Ohio, murdered two of her own children while in a state of insanity on the 11th inst. One was a little boy about four years of age, and the other a child of nine months.—*N. Y. Tribune*.

SERIOUS OCCURRENCE.—Mr. Palmer, a man of 63 years of age, residing in the south-west part of Hamden, was very seriously injured last evening by an insane man, named William Brown, who lives just within the limits of the town of New Haven, and next house to Mr. Palmer. This Brown has been insane about seven years, and was for a time in the Retreat at Hartford. Though occasionally violent, he was not generally considered by the neighbors as especially dangerous. He has always appeared inoffensive and friendly towards Mr. P. until last evening, when with no previous indications of unusual mental alienation, and without any provocation, he suddenly knocked him down by a blow on the head, and afterwards violently jumped upon his head three successive times. The skull of Mr. P. is fractured, and his case is very dangerous. This occurrence strikingly shows the insecurity and impropriety of suffering lunatics to run at large.—*Columbian Register, Ct.*

HORRID.—A Mrs. Mair, of Freedom township, Ill., on the 1st inst., in a fit of insanity, threw her infant on to the fire, by which it was burnt to a crisp. The little sufferer made frequent attempts to creep from the flames, but as often did the insane mother thrust it in again, until it perished amid the embers. Mrs. M. has heretofore been subject to fits of mental aberration.

MADNESS AND MURDER.—The Miner's Express states that at Potosi, (Ill.) a Mrs. Goodrick, the wife of David Goodrick, in a fit of insanity, strangled her own two children to death with a handkerchief. The oldest was a boy

about 5 years old, and the other a girl 5 or 6 months old. It appears that Mr. Goodrick had been absent from home all day, and that on returning home in the evening, he discovered his wife at the bed-side, trying to stab herself with a knife; upon his speaking she desisted, and directed his attention to the two dead children. Aid was immediately called, and the mother raving and frantic, was put in confinement. She seems to have been attacked with a sudden fit of madness, of which it is said no premonitory symptoms had ever been apparent.

LOCKPORT, April 7, 1847.

SUICIDE—DEATH OF MOTHER AND CHILD.—The wife of Mr. Ceylon Otis, a resident of the Lower Village, committed suicide and at the same time caused the death of an infant child, yesterday morning between eight and nine o'clock, under the following circumstances. It appears she took the child in her arms and got into a hog-head that was partly filled with ice, having on the top about eighteen inches of water, and bent over so as to bring her own face and that of the child under the surface. When discovered, the mother and child were quite dead. She had been slightly deranged for some time back, and no doubt was insane when the act was committed. She was a woman of much worth, and highly esteemed by all who knew her.—*Niagara Cour.*

A SHOCKING AFFAIR.—A melancholy event occurred at South Windham, in this county, on Thursday night last. Mrs. Martha Stevens, (wife of Mr. Albert Stevens, a trader in that village,) had been confined about a week before, and on the night named, while lying in bed with her sister, who took care of her, she asked her for a handkerchief, which the sister handed to her. This was about ten o'clock. At 12 her sister again awoke, and to her horror found a piece of the handkerchief about the infant's neck—and another around that of her sick sister. They

were both strangled to death! A physician was called, but it was of no avail. This was the only child—they having been married but about a year—were in good circumstances, and everything appeared auspicious and happy about them. Mrs. S. was 25 years old. This shocking event is one of the mysterious occurrences which can only be accounted for on the ground of a sudden paroxysm of insanity, that must have caused the hand of the mother to have been raised, with so fearful results, against her infant and herself!—*Portland American*.

DEATH OF A LUNATIC IN PRISON.—G. H. Bruen, City Coroner, was called on Sunday last to view the body of Patrick M'Laughlin, who was found dead in his cell at the county prison. He was confined there on a charge of burning a shantee in the Township of Bloomfield, and has since the 10th of June, 1843, (the time of his commitment) been constantly insane, without any lucid intervals. He was not tried upon the charge against him, because of his condition. There was no evidence that there had been any neglect shown him by the keeper.—*Newark Adv.*, Feb. 4.

DISASTROUS FIRE CAUSED BY AN INSANE SON.—On Wednesday night last, a fire occurred on the farm of Thos. Mc Lean, of Fayette township. His barn was totally destroyed with all its contents, viz: 180 bushels of oats, 80 do. of rye, 80 do. of wheat, 6 horses and 5 cattle. His dwelling was also on fire, but the flames were arrested before much damage was done.

This calamity was brought upon Mr. Mc Lean by an insane son. He set fire to the barn and house at the same time, and the whole family might have perished, had they not been awakened by the smoke.—*Pittsburg Post*.

THE SUICIDE AT BROOKLYN.—It has been ascertained that the gentleman of whose supposed suicide we gave

an account yesterday, was Mr. ———, and that he had been a resident of New York, for some time. On the inquest, his brother said that he saw the deceased about 12 o'clock the previous day, when he appeared as usual. He had for some time been subject to despondency, with occasional aberration of mind.

The verdict was rendered—"died in consequence of taking laudanum while laboring under mental derangement."

THE OSTERVILLE TRAGEDY.—The tragedy at Osterville, in the supposed murder of an infant, of which we gave a brief account the other day, has developed itself, as was to be anticipated, as an act of an irresponsible agent, under the influence of insanity. On Thursday last, an examination was had before Hon. Nymphas Marston, Judge of Probate, under the representation of the husband and father of Mrs. Hinckley, the mother of the deceased child, under the 6th section of the 48th chapter of the Revised Statutes, relative to persons dangerously insane. Three respectable physicians, Doctors Ford, Jackson and Doane, of Barnstable, examined the patient, and gave a decided opinion that it was a case of monomania.

It appeared in evidence that this unfortunate young mother, who is now but twenty years of age, was, when a child, in 1839, bitten in a swamp by a snake, in the heel, which at the time had a serious effect upon her nervous system. That subsequently at intervals, the symptoms reappeared, and though happy in her domestic relations, and of a naturally cheerful disposition, she was at times subject to morbid melancholy, and on two or three occasions attempted suicide.

The last visitation of this affliction was in 1843, when her present husband, then engaged to her, himself rescued her from an attempt to drown herself, for which there was no known or supposed apparent cause. They were attached to each other from childhood, and with a

knowledge of all the circumstances on the part of the husband, they were married in 1845, and have always lived most happily together, residing in the family of the father of the husband, Mr. Oliver Hinckley, ship-builder, and a most exemplary and estimable man. Young Mrs. H. was a member of the Methodist church, and a sweet singer in Israel.

In January, 1847, and again in April, two attempts were made to fire the dwelling house of the father, Mr. Hinckley, which excited unusual alarm in the quiet and moral community in which such a crime was unheard of. All attempts to discover the incendiary failed.

At another time, subsequently, and before the birth of the child, the family, on returning home, found an image in front of the house, dressed from the clothes that hung in the yard. In June last, the family were again alarmed by some occurrence, and there was found written on the door with chalk, "It is me—are you frightened?" The young mother, who possesses uncommon beauty, was apparently happy in the birth of her child, which was two months old on the day of the sad catastrophe. On that day she was left at home with her child, and had dressed it in its best apparel and laid it down to sleep near the door, where it was seen by a neighbor. Soon after, while the people were at church, they were alarmed with intelligence that the child was lost, and in about an hour afterwards it was found in the water, about half a mile from the wharf, opposite the house of Mr. Hinckley, the tide flooding in a strong current in that direction.

An investigation was had, the county scoured, an inquest was held, yet no trace of the supposed murderer was found, and the peaceful village was thrown into terror and horror at the mystery of such a crime in such a community. On Monday, when the funeral was to take place, the plan was suggested by some, and in the

general consternation acceded to, of making all in the village attest to their own innocence, in the presence of the dead child. No oath in form was taken, because no one could be authorized to administer an oath, except upon an inquest of the Coroner, but solemn asseverations were made, and perhaps some few might have expected a special interposition of Providence to expose the murderer. It was wrong, but perhaps not inexcusable, under the extraordinary state of excitement and alarm, and the acquiescence of some of the relatives, that the mother was required to pass through this ordeal. No satisfactory result followed, and after a long delay the child was buried at 8 o'clock on Monday evening.

On the following day, or the next, words fell from the mother to her own sick mother, which led to the belief that she had caused the child's death. Of this there can now be no doubt; nor can there be any doubt that so far from being guilty of the murder of the child she loved and nursed so tenderly, she is herself the victim of a mysterious monomania, that again tempted her to take her own life, but led to the loss of that of her child. In the same confession she would declare that she did not do it, and could not have done it, and that she was tempted and could not help it. From the incoherency of her own relation, it would seem that she was tempted to take her own life on Saturday, but made no attempt; that on Sunday, when left alone, she went with the child to the wharf, which was an open space, before the house and very near to it, and sat down on the wharf, meditating on throwing herself in. But the thought came to her that no self-murderer could enter into heaven. In this condition the child got out of her arms, either fell or was thrown—for it is impossible to determine which, but most likely the former, and was swept by the rapid current out of her reach.

The actual terror in which she appeared at the next

neighbor's, and gave the alarm of the loss of the child, indicated both distraction and insanity, and favors the supposition, as do many other acts, that even in her insane purpose of self-destruction, the falling of the child into the water was accidental, and not her own act. In no event, however, is there any crime, but a deep affliction, from which we trust this unfortunate young woman will be relieved and restored to herself and to her afflicted husband and family.

We derive these facts from a friend who saw this unhappy person on Friday night, at the United States Hotel, on her way to the Worcester Asylum, accompanied by her husband.—*Boston Post*.

Note, by Editor Journal Insanity.—On inquiry of Dr. Chandler, Superintendent of the Worcester Hospital for the Insane, where Mrs. H. now is, we learn that the foregoing account is substantially correct. He adds that Mrs. H. has had several attacks of insanity during the last six years, and frequent desires to destroy herself, burn buildings &c.,—that she is now to a good degree rational, and feelingly deploras the death of her child.

NOTICES OF BOOKS AND ARTICLES ON INSANITY.

A Treatise on the Practice of Medicine, by GEORGE B. WOOD, M. D., Professor of Materia Medica and Pharmacy, in the University of Pennsylvania. Phil. Vols. 2: pp. 798, 840.

Thirty-nine pages of this work are devoted to insanity; not enough we hope to satisfy practitioners of medicine, who are, we regret to say, too prone to content themselves with brief accounts of insanity, and to neglect the large treatises on this important and increasing disease.

This article however by Dr. WOOD, is an excellent one; the best we think that we have seen in any practice of Medicine. It is a good synopsis of the present state of our knowledge on mental diseases. Another article in the same work, on *Functional Diseases of the Brain*, is very deserving of attention.

Dissertation delivered before the New York State Medical Society, February 2, 1847, by JOHN MCCALL, M. D., President of the Society.

The subject of this address was well chosen, viz: *Mental Manifestation in Health and disease*. "The enlightened Physician," says the author, "is the only true minister and interpreter of human nature,—to the domain of medicine belongs exclusively the philosophy of mind, in health and disease."

The author's views of insanity, will be learned from the following extracts:—

"Diseases of the brain, whether functional or organic, together with injuries or lesions of its masses, affecting their delicate structure and healthful actions, disturbing, as they often do, and even suspending or effacing, for a time, every ray of mental thought and feeling, as in the case of Jones, detailed in Sir Astley Cooper's work on Surgery, prove, as I humbly conceive, most conclusively, the use and importance of the brain in mental manifestation."

"Fortunately, this disease, in all its forms, is now engaging in its behalf, and with intense interest, many of the ablest members of our profession, in every part of the world. For ages this evidence of diseased brain was regarded as an infliction from Heaven, upon the mind or soul, whilst its clay tenement, the body, was supposed to be sound and free from disease. Fortunately the light of physiology and pathology has now dissipated forever, all such strange vagaries."

"And here, gentlemen, permit me to express my conviction, in strong terms, respecting the great necessity of our acquainting ourselves thoroughly in this department of medicine, and indeed with medical jurisprudence generally. Nothing can tend more to elevate our profession and render it a blessing to our race, and an honor to ourselves, than such attainments. And without this knowledge we shall poorly fulfil the great purposes of medicine. Our professional services too, as witnesses, will be frequently required to decide questions of great moment, involving not only reputation and character, but life itself."

"Insanity, in my view, is not a disease; it is only a symptom or sign of disease of the brain, either functional or organic. Affections here will vary in their symptoms just as with other organs or tissues, according to the difference of function in each case. Different parts of the brain perform, as you know, different offices."

Many interesting facts well worthy of attention and calculated to awaken thought and inquiry, will be found in this excellent address, the perusal of which we recommend to our readers.

Proceedings in the trial of JEREMIAH DARET, for the murder of his wife, in the Circuit Court for Montgomery county, May 19, 1847: Reported by J. J. HUTCHINSON, Esq.

The proof of the insanity of the prisoner was so abundant, that the Jury immediately brought in a verdict of not guilty. Darby had been insane two or three years and had been in the Lunatic Asylum at Milledgeville, Ga., from whence he made his escape. He had many delusions and was known to be dangerously insane,—had previously assaulted his wife and tried to kill her, and threatened the lives of others; and it is very surprising that he was suffered to go at large. He is now in the Lunatic Asylum, at Milledgeville, Ga.

The published account of this trial is very interesting, and appended to it are references to authorities, legal and medical, on homicidal insanity, by the able counsel for the prisoner, JEF. BUFORD, Esq. These are valuable, and we hope hereafter to present them to our readers, with such additional ones as come to our knowledge.

A Letter on the condition of the Insane Poor, not resident in Asylums, in the County of Lancaster, Eng., by SAMUEL GASKELL, F. R. C. S.

Mr. G. has ascertained that the total number of this class of persons in the county of Lancaster, is 683—of which number 185 had been attacked by insanity, and 503 mentally deficient from birth. Of these latter 198 are idiots, and 305 imbeciles. Mr. G. thinks the latter might be greatly improved by care and instruction, but doubts the propriety of transferring these 503 persons who are mentally deficient, but not insane, to Lunatic Asylums.

The construction and government of Lunatic Asylums and Hospitals for the Insane, by JOHN CONNOLLY, M. D. London. 12mo., pp. 133: 1847.

This is a re-print, for the most part, of the Lectures on this subject by Dr. Connolly, that have been published in the *Lancet* and extensively circulated in this country. It is a very valuable work and should be carefully studied by all engaged in the construction or management of institutions for the insane.

The Southern Journal of Medicine and Pharmacy, for Sept., contains an elaborate review of the "Life and Trial of Dr. AENER BAKER, Jr.," and of other pamphlets published on the subject. Our readers are already acquainted with the case, and have, no doubt, felt indignant that so insane a man should be executed. An awful spectacle truly, and disgraceful to our age and country.

We have received from Dr. KIRKBRIDE, a large engraved plan of the Farm and beautiful Pleasure Grounds of the Pennsylvania Hospital for the Insane, at Philadelphia. This Hospital has lately been enlarged and is now in a very complete condition. It is an Institution highly creditable to the State of Pennsylvania and to our country.

MISCELLANEOUS.

INSTITUTIONS FOR THE INSANE IN THE UNITED STATES AND THEIR REPORTS.

In the October number of this Journal, we gave a particular account of each Institution for the Insane, in this country. The total number of patients in these establishments, at the beginning of the year 1846, was 3377. The number at the commencement of the present year, in the same, was 3703. No new ones have gone into operation. The Butler Hospital for the Insane, at Providence, R. I.; the State Lunatic Asylum at Trenton, N. J., and the Indiana State Asylum at Indianapolis, are nearly completed, and will probably receive patients in a few months. Illinois, Missouri and Louisiana, are also about establishing Asylums for the Insane.

Institutions of this kind are now attracting great attention, and their annual reports are sought for and read with increasing interest in this country and in Europe. Great care, therefore, is requisite to make them useful and interesting not only to particular localities, but to the intelligent readers of all countries. The public have a right not merely to accounts of the number of patients, the

recoveries, deaths, &c., but to the details of the entire management of such institutions,—the number of attendants and assistants, and a knowledge of all the *material* or means for the comfortable accommodation, maintenance and cure of the different classes of the insane, and how *all* the money received, is expended.

The intelligent public also very reasonably look for useful information, not mere amusement in our reports, for clearness, accuracy and scientific instruction, not vague conjectures and numerous tables of questionable or useless statistics—or laudation of supposed advantages or of wonderful success in the cure of the insane,—not warranted by careful or extensive observation.

MISSOURI STATE LUNATIC ASYLUM.—We see by the newspapers that this Institution has been located at Fulton, Calloway county,—that town having subscribed about \$14,000 towards the object. Fulton is near the centre of the State, and not far from Jefferson city.

LOUISIANA STATE LUNATIC ASYLUM.—The legislature of Louisiana at its last session, authorised the erection of a State Lunatic Asylum at Jackson, East Feliciana, about 150 miles above New Orleans, and twelve miles east of the river, on the high-lands. An appropriation of \$25,000 was made for the erection of one wing, which is to be completed within a year. Further appropriations will be made for the enlargement and completion of the Asylum. A farm of 100 acres is attached to it. The insane of that State are now kept in a separate building attached to the Clarity Hospital, New Orleans. We understand there are about 80 in it at present.

PROFESSORSHIP OF INSANITY.—We are gratified to learn that a Professorship of Insanity has been established at one Medical School. The Willoughby University, Columbus, Ohio, has appointed SAMUEL M. SMITH, M. D., Professor of Medical Jurisprudence and Insanity. We think there should be a distinct course of Lectures on Mental Maladies, at every Medical School. Dr. SMITH has some practical knowledge of Insanity, having been an Assistant Physician at the Ohio Lunatic Asylum, for several years.

INSTITUTIONS FOR THE INSANE IN CANADA.

At Toronto, Canada West, is a temporary Provincial Lunatic Asylum. Dr. WALTER TELFER, is the Medical Superintendent. At the date of the last Report, April 1, 1847, there were 132 patients in the Institution, viz: 71 men, and 61 women. At present they are kept in what was formerly the Parliament House.

The government is now building at this place a large Asylum for the insane, calculated to accommodate 400 patients. It is situated on a plain a short distance west of Toronto.

BEAUFORT ASYLUM FOR THE INSANE, for Canada East, is within five or six miles of Quebec. The building occupied by the insane, was not erected for the purpose to which it is now applied, but it has been fitted up so as to furnish them comfortable accommodations. They are here far, very far, better provided for

than they have heretofore been in this Province, and already a considerable number of recoveries have taken place.

We had the pleasure of visiting it last June, with our esteemed friend, Dr. J. DOUGLASS, of Quebec, who, with Dr. MORRIS, of the same place, has had, we believe, the general supervision of the Institution, and aided much in establishing it. We were much pleased with the comfortable appearance of the patients, and the general management of the Asylum.

Connected with the Institution, which is beautifully situated, are 230 acres of land. At the time of our visit, there were 121 patients; viz: 69 men, and 52 women. Dr. VON IFFLAND, has, we understand, been recently appointed Resident Physician. We hope hereafter to give a more detailed account of this Institution.

HOMICIDAL INSANITY.—We understand that B. F. HALL, Esq., of Auburn, is preparing for publication, a full account of the trial of Wm. Freeman, (recently deceased,) for the murder of the VAN NEST family, and whose defence, as will be recollected, was insanity. The work is to embrace all the documents and circumstances likely to throw any light upon the case, and, if well done, will prove a very valuable work on homicidal insanity. We hope to review it in our next number.

OBITUARY.

Died, near Edinburgh, August 9, 1847, ANDREW COMBE, M. D., aged 49. Dr. Combe had long been an invalid. Twenty-seven years since, the late Dr. GREGORY of Edinburgh, declared that he could not live more than a few months, and in 1842, his medical friends after examining his lungs, thought he could not live but a very short time. The immediate cause of his death was diarrhœa, this terminated his life after five days of serious illness. On post-mortem examination, extensive disease of the bowels and lungs was found.

Dr. Combe was well known to the reading world by his useful writings, among which, in addition to contributions to periodicals, are:—

1. Observations on Mental Derangement,—a work of great merit.
2. On Digestion and Diet.
3. Physiology applied to health and education.
4. On the Physiological and Moral Management of Infancy.
5. An Address on Phrenology, its nature and uses.
6. Notes to Beaumont on Digestion.

During the last year he visited the United States, accompanied by his niece, Miss Cox. He arrived at New York the 14th of May, and left again for Europe, the 8th of June, spending most of his time with his brother William, at Jersey City. The only other visits he made were to Philadelphia, West Point, and to his friend, Mr. Boardman, at Brooklyn. He was much pleased with West Point and Philadelphia, and what he saw of this country, and was anxious to see more of it, and especially to visit the Falls at Niagara, but felt too feeble to journey.

Dr. COMBE was never married, but had several brothers and sisters who survive him. His distinguished brother GEORGE, 10 years his senior, we regret to learn, was absent on the Continent at the time of Andrew's death. Their attachment was of the most tender and affectionate kind. Induced and sustained by the cheering encouragement of this elder brother, the younger was enabled to accomplish much, and to leave in his valuable writings, a rich legacy to mankind.

He was aware of his approaching dissolution, and in the full possession of his reason, employed his time in preparing for this event, and in sending messages to his relatives and friends. He suffered but little, and expressed his gratitude to God, that he was permitted to die in so easy a manner.

We hope soon to see from some of his intimate friends, an extended biography of Dr. Combe, and shall wait with much interest for full details of the life of one whose earthly pilgrimage, though short, and one of suffering and sickness, was fruitful in good to his fellow creatures.

HON. SILAS WRIGHT.—We notice the death of this eminently great and good man, not for his distinguished abilities or high political standing, but solely on account of the deep interest he took in the welfare of the insane and the prosperity of this Asylum. At different periods he had relatives and acquaintances as patients at this institution, and, without exception, no one has ever shown so great an interest in the welfare of friends here, as the late Gov. WRIGHT exhibited. To the truth of this, his frequent letters of inquiry as to their condition, and of consolation and encouragement directed to them, bear ample testimony. On repeated occasions he has written to know if he could not, in some way, be of service to some acquaintance of his that was with us as a patient. His letters of this kind exhibit him as one of the most kind and constant of friends, and most anxious and affectionate of relatives. Of one, he says, "could he be made well, I should be a happier man than any other earthly event could make me." It is to us a great satisfaction to know that he lived to realize his utmost hope in this particular instance. He often visited here, and by the simplicity of his manners, his kindness and true genuine sympathy with the suffering and afflicted, won the affections of all who saw him, and his death was deeply felt by a large number of our household, and by some whose sensibilities, blunted by disease, are not frequently aroused.

He died at his residence, September 9th, of Apoplexy, it is generally stated, but this, we are confident, is a mistake. He probably died of Angina Pectoris, or disease of the heart, or blood-vessels immediately connected with it. Having been favored with a letter from his highly intelligent physician and friend, Dr. CLARKE, and obtained other information from undoubted authority, we feel sure that he did not die of Apoplexy. He had worked very hard during the summer, and of late particularly so, in clearing out ditches, loading the earth into a waggon, and in raking, pitching and binding grain, which operations required a stooping position; and while thus engaged, had been twice attacked with sudden and severe pain of the breast, which sitting down, relieved. One of these attacks occurred on Wednesday previous to his death, while he was pitching off a load of wheat in the barn; the other on Friday, while raking. Both days were

extremely hot. These attacks lasted from three to five minutes, during which, he became very pale, sweat profusely, and said the pain in the chest was very severe, extending some to the neck and arms. He was often exposed to the evening air, and not unfrequently to the rain, without coat, vest, or cravat. The evening previous to his death, he worked very hard and late, getting in his wheat. His diet was plain, and his drink cold water, not tasting, on more than three or four occasions, of any wine or spirituous liquor during the summer. By this course of life, labor on the farm during the day, and writing and reading in the night, he had become some reduced in flesh, but enjoyed good health.

On the morning of his death, while at the post-office, he was suddenly attacked with severe pain of the breast, extending to his neck and arms. He described it at first, as a painful sense of suffocation about the heart, and afterwards, as on the chest, but not in it. Dr. Clarke was called, and says his countenance was pale and haggard, hands and feet cold, the pulse at the wrist weak and fluttering, and in the carotids feeble, tongue and pupils of the eyes, natural. His consciousness was perfect, and he was able to converse. After taking a small dose of paregoric, he seemed better, and, accompanied by Dr. Clarke, walked to his own house, where he took off his coat and boots without assistance, and lay down on the bed. A mustard poultice was applied to the chest and feet, and a small dose of morphine and camphor administered. After ten or fifteen minutes, he was much easier, conversed freely, and said he was much better and thought further remedies would not be necessary.

About ten minutes after this, he remarked that the mustard on the breast was producing a great effect and would cause a blister, which he presumed was not intended, and thought it should be made weaker. Mrs. Wright took it off for this purpose, and had but just left the room, leaving him with her mother, when she heard a strange noise like a person choking, and a shriek from her mother. She instantly returned, but only in time to see his last expiring gasp. No sign of life was exhibited after this. Dr. Clarke came in immediately and found him with a livid, almost black face and neck, eyes open and rolled back, pupils contracted and mouth partly open, the tongue slightly protruded and livid. He attempted to bleed him, but did not obtain more than a tea-cup full of blood, and this from the jugular veins. In two hours the livid appearance of the countenance disappeared and the face became pale.

There seems not to have been any obvious exciting cause of the fatal attack. He eat his breakfast as usual, and then walked to the post-office. The letter he opened and read at the office, was from a relative, and contained nothing the least exciting. He had experienced no mental disturbance that can be ascertained.

Most strikingly similar in the suddenness and manner of the attack, time of day, severity and continuance of the pain, remedial measures and instantaneous death, is the case of Governor Wright to that of Dr. Arnold, the celebrated historian and Scholar, whose life has recently been re-published in this country. We presume both died of Angina Pectoris.